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## Appendix 1

### Philosophy of the MA Education (medical educators) programme 2000-2008

The philosophy of this modular programme is grounded in a particular form of professionalism; that of research-based practice. This conception is one where educators engage in the life-long continuous process of enquiry in which concern about the learning of others is translated into the need for evidence about what is effective in what circumstances. It is founded on the belief that practitioner research has a critical role to play in improving the quality of education in practice-based-settings.

It is important to be clear about what is distinctively *educational* research, otherwise it may be seen simply as a subset of research within the social sciences. It is this programme's belief that the distinctive contexts and human purposes associated with professional educational practice require a form of research that is different from that developed in the mainstream social sciences. Neither science nor social science, as presently conceived, can get to grips with the specific imperatives of the educator's domain. In this programme the purpose of educational research is not to produce knowledge *about* educational practice (which could be a proper aim of a social science department) but instead it seeks the kind of educational self knowledge that can reveal to practitioners the unquestioned beliefs and unstated assumptions in terms of which their practice is sustained. Expressed in a slightly different way, the purpose of educational research is to improve the rationality of education by enabling educational practitioners to refine the rationality of their practice **for themselves**. Educational research will be situated, holistic, eclectic and principled. It will be focused in and on a practice setting, and at its heart it seeks to improve the transaction between learner and teacher. What constitutes 'improve' will itself be a situated judgement.

The educational process is one of *continuous* development rather than targeted, intermittent intervention. Educators must learn *about* their practice – its nature, what to expect, what one might do in certain circumstances, what not to do etc – and to learn *from* practice – through reflection and deliberation about their own and other's practice. It is through this process that they identify and clarify their educational needs, whether these are to enhance their factual or practical knowledge, or indeed their practical wisdom. Providing the conditions in which others can learn effectively is a highly skilled process involving sophisticated judgements about appropriate actions to take in response to the unique needs of learners. The most important factor determining success in providing an effective learning environment is the quality of its educators. This modular programme has, as its starting point, the belief that educators' own internal values, beliefs and experiences of education are central to the way they conceive of their own actions and those of others. It has a conception of research-based teaching that involves three interrelated elements.

The first element involves educators in critical examination of the way their own personal theories relate to practice in the context of complex learning environments. This is seen as the corner stone of being a reflective practitioner. Educators' judgements are made on the basis of what are often unarticulated personal beliefs about what works in practice, and critical examination of the effects of their actions ensure these are tested and validated and provide valuable evidence beneficial to other educators. Secondly, the modular programme seeks to build on this professional activity by stimulating critical examination of the interrelationship between practice and education policies that

are generated by the practice-based setting or are externally imposed. The unique conditions of practice-based settings and the educational policies that inform them are believed to be crucial factors in determining the effectiveness of educators' actions on others' learning. These need to be clearly articulated if achievements in one context are to inform reliably improvements in others. Finally, the research-based professional is seen as one who extends the scope of his/her critical examination to include a third dimension, that of research conducted by other educationalists. Practitioner research is necessarily limited by the context in which individual educators conduct their enquiries. There is a strong conviction that the quality of education is advanced when educators both value and contribute towards the kind of research that presents evidence about the conditions effecting practitioner improvement and learner achievement using sound and rigorous methodologies. This modular programme encompasses all three elements of practitioner research activity.

This modular programme is founded on a long tradition supporting the concept of action oriented approaches to research. In education in the UK this tradition of enquiry stems greatly from the seminal work of Lawrence Stenhouse at the Centre for Applied Research in Education at the University of East Anglia. This work has been developed further by many others including Coles, Elliott, Fish, Hammersley, Walker. The theoretical underpinning of this modular programme, of requiring practitioners to think seriously about the validity of personal theorising and to see its manifestation in practice, draws on the foundational work of Michael Polanyi (Personal Knowledge) and Donald Schon (Theory in Practice, The Reflective Practitioner, Educating the Reflective Practitioner).

This tradition holds that the work of an educator/ researcher is only intelligible in the light of the complex inter-actions between biographical context, organisational climate and culture of the workplace, and the personal qualities brought to that professional role. In the establishment of an interactive relationship between the search for understanding and improvements in practice, considerable methodological creativity is frequently called for. The validity of theories which action-based enquiry generate depend not so much on tests of truth as derived from the natural sciences, but on their usefulness in helping practitioners to act more intelligently and skilfully. This involves clear identification of what constitutes 'success' and 'quality' as defined by individual educators, institutional and national policies and how this is interpreted by learners themselves and expressed through development and action plans.

The philosophical position enunciated in this modular programme is in sharp distinction to one which views educational theory as constructed in an institution, frequently a higher education institution, and where these theoretical principles are then transmitted to practitioners for them to apply to their work situation. Such a stance sees educational theory as a commodity, derived frequently from the disciplines of philosophy, sociology, psychology and history, constructed by 'experts' and that is ultimately disconnected from the ideas and experiences of practitioners in schools. This has contributed to a growing feeling that for educational research to be valued and of benefit to practising educators it should promote the 'expertise' of educators themselves thus enabling them to undertake the kind of research that most directly impacts on the quality of learning in their setting.

In facilitating practical educational enquiry, it is the task of the enabling institution to establish conditions which enable educators to develop their reflective powers, their capacities to monitor the self-in-action and to direct its future development in the professional context (Ghaye, 1998) (Day, 2000) (Whitehead, 2000). This modular programme considers that central in this task is the construction of records which mirror the self-in-action and thereby enable educators to reflect upon their educational values and the extent to which they are being realised. Such records are important vehicles by which educators communicate their experience as a basis for dialogue with others.

The processes of engaging educators in critical reflection on personal theories and actions and of critical examination of policies and educational research are considered to be educational activities in their own right as well as being concerned with education as a knowledge base. These processes are designed to bring about greater personal professional insights, sustained by evidence, that influence the quality of the individual educator's practice for the benefit of their learners, other educators, their professional setting and the wider educational community. The modular programme seeks to enable educators to engage in enquiries in their own practice-based setting that confirm or challenge existing theories about what is effective practice, building on existing educational research by extending or refining it and replacing it with better evidence. This would contribute to the formulation of theories more relevant and accessible to practising educators in the future and motivate dissemination through professional activity, local conferences and publications. This encapsulates the modular programme's conception of a research-based professional and the essential element of the user perspective.

The evidence that is generated through an individual's practice-based research will reflect the nature of that practice. This programme acknowledges, celebrates even, the uncertainty of practice, its paradoxes and ambiguities. Thus the corresponding evidence from researching it will frequently be uncertain, open to multi-layered interpretation and ambiguity. Practice-based research is focused upon individuals making explicit what is particular and distinctive of their 'educational thinking life', and interpreting what they see through the personal ideas which make each action intelligible. In this view, evidence is seen as a source of illumination for the practitioner and not a conclusive validation of an external-to-self concept or issue. With this vision of the purpose of educational research and its corresponding evidence, the question arises as to what research methods can provide legitimate and worthwhile data?

The MA seeks to enable its students to be able to identify for themselves the research method that is appropriate for the aims of the enquiries that they wish to undertake in their professional life. As all such educational enquiries have, as their overarching purpose, the improvement of the quality of education experienced by learners, it is essential for ensuring this quality and the professional standing of educators, that their choice of research method is grounded in knowledge. MA students need to be aware of a range of research methods and their relationship to the methodological assumptions of an enquiry. Once this decision is made they need capability to utilise their chosen method to the full and to be flexible in their thinking so as to be in a position to adopt an alternative as and when the need becomes clear. Unlike the natural sciences with their pre-eminent research method of the experiment, there is a diversity of methods associated with enquiry in educational settings.

It is proposed that for the philosophical position in which this programme is grounded the overwhelming majority of students will work within the qualitative tradition. The focus of educators' enquiries concern ways in which they interact with their own learners, the formulation, implementation and evaluation of their own policies and plans and the effectiveness of professional roles designed to manage aspects of practice-based change. Such critical enquiry will need to look at the personal theories that govern practice, both the practice of teaching and the practice of learning, and in particular the values and beliefs on which they are based. It is proposed that the means to seek to access these 'personal theories for professional action' will be qualitative in nature. However it would be antithetical to the notion of appropriate choice based on awareness of alternatives if the programme dealt exclusively with qualitative approaches. Students will be given an awareness of both the qualitative and quantitative traditions but capability will be located in the qualitative. To summarise, it is this programme's belief that access to these insights is likely to be grounded in non-positivist methodologies and non-quantitative methods.

This overarching philosophy will define all distinctive aspects of postgraduate level work in this modular programme.

The College research training modules focus on the development of generic skills for the professional researcher, not specific research methodologies. In this the modules complement the elements of research training embedded in modules in the existing certificate, diploma and masters programme. The modules are built around Research Council/AHRB generic skills requirements for PGR students which have recently been stressed in the Roberts Review of Research and the Hefce document Improving Standards in Postgraduate Research Degree Programmes. The College research training modules espouse the same reflective model as the programme. They are premised on the model of the reflective practitioner – in this case the development of the reflective, 'professional' researcher able to engage in a variety of academic and professional contexts. The modules build on three aspects of researcher development that interweave in this reflective model: career, construct and critique. Career includes the development of skills required by the researcher and reflection on the experience of becoming a researcher; construct includes the theoretical and practical stance of the researcher to research; and critique the bringing of experience and theory/practice to reflect on the process of research itself. This reflective model, coupled with the development of the RC/AHRB skills, constitutes the academic core of the modules.

The pedagogical model espoused in the College research training modules also follows that of the programme as a whole. Students learn *about* their practice of research and *from* their practice of research through reflection and deliberation about their own and other's practice and identify and clarify their educational needs through this process. Seminars operate as an active, collaborative process of learning in which students explore their underlying assumptions, their aims and methodologies and their degrees of success, as well as different contexts in which knowledge exchange operates (including teaching, conferences and publications). They approach discussion of research by learning to question others about their research, facilitating the learning of others in the group as well as their own learning through the process of talk. This questioning is itself part of learning to act as professional researchers, able to operate amongst their peers, defend their projects and engage with the projects of others through scholarly debate Appendix 2

## Appendix 2

### Programme summary for the first module of the MA Education (medical educators) 2000-2008

Compulsory Module 1: Professional education and development

Autumn 2007

#### Overview

This module introduces course members to the notion of professional education development. It outlines the nature of professional practice and the forms of knowledge that underpin it, and discusses the ways in which professionals learn and develop their practice. Central to the discussion will be the place of judgement in professional practice, and of the part played in this by 'practical wisdom'. The nature and educational basis of curriculum development is discussed. The importance of researching teaching and learning is discussed, including the contribution of case study research, insider practitioner research and the evaluation of educational programmes.

#### Aims

- To appreciate and critically consider the nature of professional education and development.
- To consider critically the nature of professional education and development in relation to one's own practice.
- To gain an understanding of curriculum development, its educational basis and its place in practice-based settings.
- To understand and appreciate the significance of researching teaching and learning through case study.
- To gain an initial capability in certain qualitative research methods.

#### READING

There are two set texts for the module:

Pring, R (2000) *Philosophy of Educational Research*, London, Continuum

[ISBN 08264-4813-5]

Golby, M and Parrott, A (1999) *Educational Research and Educational Practice*. Exeter Fair Way Publications. (available to purchase from course administrator)

The set book for the second Compulsory Module will be:

Cohen L, Manion L and Morrison, K (2007) (sixth edition) *Research Methods in Education* London, Routledge.

Students who have recently completed this second module felt that its Chapter One could be read profitably during the first compulsory module as it summarises well the main issues regarding methodology in educational research. Also we will draw on Chapter Two (concerning ethics in

educational research) towards the end of the current module. Overall this book introduces people to the idea that there are 'methods' around as well as 'methodology'! [If at this stage you are unsure of the difference between these terms, don't worry – one of the aims of the first module to tease out the difference.] In previous years the following texts have also been used for this module and you may find them useful to complement and enrich some of the other readings. [Health warning: on initial contact some find Carr a difficult read!]

Carr, W (1995) *For Education: Towards Critical Educational Inquiry*, Buckingham, Open University Press.

Hughes, J and Sharrock, W (1997) *The Philosophy of Social Research* (3rd ed.), London, Longman.

**In the early part** of the module we will be discussing the critical incident approach as a tool for critical reflection on practice. If you have the opportunity then we recommend that you read some parts of one (or even both) of these:

de Cossart L & Fish D (2005) *Cultivating a thinking surgeon: New perspectives on clinical learning, and assessment*. Shrewsbury. Tfm Publishing Ltd.(especially chapters 5 & 11).

Tripp, D (1993) *Critical Incidents in Teaching* London, Routledge.

Fish, D and Coles, C (1998) *Developing Professional Judgement in Health Care* Oxford,

Butterworth-Heinemann. In particular pp 71-74 and then any of the personal accounts in Part Two.

The module deals with certain **philosophical ideas** and some students have found the following texts useful:

Gaarder, J (1991) *Sophie's World* London, Phoenix. [A novel about the history of philosophy]

Osbourne, R (1992) *Philosophy for Beginners* New York, Readers and Writers. [In the form of a comic strip. There are many others in this series including a number on philosophers.]

Wharbuton, N (1992) *Philosophy: the basics* (Third edition) London, Routledge

Wharbuton, N (1998) *Philosophy: the Classics* London, Routledge

On a number of occasions this programme uses the first person plural. There are two reasons for this:

- 1) This programme is the outcome of discussions with a range of tutors who currently work on the MA Programme as a whole and this module in particular;
- 2) Sessions are seen as learning experiences for all participants: 'tutors' and 'students' alike.

Preparation for the first and second session:

The starting point for this module is, in our view, that for us to understand the nature of educational enquiry we must first understand education, and to do that we feel it is important to begin with our own experience of education. For this session choose an event or incident from your own education



that captures for you an 'essence' of that experience. Give this some thought, and prepare a short (maximum ten minute) 'presentation' that includes:

Sufficient background for us to understand the context of the event or incident

What happened?

What were your thoughts at the time?

What are your thoughts now?

Reflect on in what ways your thoughts have developed or changed as you have thought about this event or incident in this way.

28<sup>th</sup> September 07

9.30am – 12.30pm

Theme: Introductions, expectations and administration/Our experience of Education

Aims for session:

- to allow staff and students to introduce themselves and students to register
- to review the nature, structure and expectations of the MA programme in general and this module in particular
- to be aware of External Examiner's comments for 2006/7
- to commence to explore our experiences of education
- to review/ consolidate 'writing for academic purposes'

Preparation for the next session:

Read: \*\* McIntyre, A (1985) *After virtue*, Duckworth, London p 216

5<sup>th</sup> October 2007

9.30am-12.30pm

Theme: Our experiences of Education

Aims for session:

- to continue to explore our experiences of education
- to continue to review/ consolidate 'writing for academic purposes'

Following the session, you are prompted to: Make some notes following your presentation, and use these to begin to write your first assignment

Preparation for the next session:

Read: Pring, R (2000) *Philosophy of Educational Research*, London, Continuum. Chapter 2.

12<sup>th</sup> October 2007

9.30am-12.30pm

Theme: What is Education?

Aims for session:

- to complete the presentations
- to consider the question: What is education?

We will compare and contrast our own experience with what Pring understands by the term 'education' (from your reading of Chapter 2). An interesting section of the chapter is devoted to 'educational discourse'. Why does Pring introduce us to this notion? Are there any similarities between 'educational discourse' and what might be called 'discourse of other professions'? Are there differences? What is the 'political agenda' here? How does this affect the practice of education?

Preparation for the next session:

Read: Golby, M and Parrott, A (1999) *Educational Research and Educational Practice*. Exeter Fair Way Publications pp1-24 (Part One);

Carr, W (1995) *For Education: Towards Critical Educational Inquiry* Buckingham, Open University Press pp 67-72 (section IV).

Following this session you are prompted to read:

Elmer, R (2002) 'The Biography as a Tool for Critical Reflection, or In Here: Aspects of the World of the Reflective Practitioner'

19<sup>th</sup> October 2007

9.30am-12.30pm

Theme: What is Professional Education?

Aims for session:

- To discuss the nature of professional practice and professional education
- To consider what underpins our judgement and how we acquire this

In this session we will examine the nature of *professional* education, beginning with a discussion of what is understood by the term 'professional practice'. Some questions we will consider are:

- What characterises 'practice' and what makes it 'professional'?
- In what ways is education a 'professional practice'?
- How similar is it to other professions?
- What are the differences?
- What is special about 'professional' education?
- By how much does education (at its different stages) reflect (or not!) this understanding of 'professional education'?

Preparation for the next session:

Read: Siedman, I (1991) *Interviewing as Quantitative Research*, New York, Teachers College pp1-8

Kvale, S (1996) *InterViews*, London, Sage pp19-37

26<sup>th</sup> October 2007

9.30am-12.30pm

Theme: Conducting a small scale interview/Review and preview of the module

Aims for session:

- To prepare for your small scale educational interview

- Discuss your reading

11.15am – 12.30pm (First Years)

Theme: Library Tour, Information search techniques and VLE Training with Anne Gibson

Aims for session:

- To get to know the library and resources it contains

- To review and gain capability with the learning resources at UCW and in particular information search techniques (particularly '1<sup>st</sup> year' students plus anyone who feels they would benefit)

Preparation for the next session:

Conduct a small scale interview focussing on an educational matter

2<sup>nd</sup> November 2007

9.30am-12.30pm

Theme: One research method: Interviewing

Aims for session:

- To explore critically interviewing as a research method

The interview is a very common research method in qualitative studies and it has received considerable attention in the literature. This session will introduce you to issues surrounding the gathering of interview data, and possible approaches to the analysis and presentation of these data. The session will call upon your own experiences of interviewing in general, the specific educational interview conducted for this session, and the literature.

Preparation for the next session:

Read:

One of the 'cases' presented in either of the following a) or b) and be prepared to present your observations on this:-

Fish, D & Coles, C (1998), *Developing Professional Judgement*. Butterworth Heinemann  
pp68-74 + pp77-100

OR

Tripp, D (1993) *Critical Incidents in Teaching: developing professional judgement*. London,  
Routledge pp124-141 + pp 64 -67

Golby, M and Parrott, A (1999) *Educational Research and Educational Practice*. Exeter Fair Way  
Publications pp64-104

9<sup>th</sup> November 2007

9.30am-12.30pm

Theme: One research approach: Case Study

Aims for this session:

To explore critically Case Study as a research approach  
To commence thinking about the second assignment

At this session we will examine the concept of 'case study research' in educational enquiry, and ask you to present your observations on an educational case from either Fish and Coles (1998) or Tripp (1993). We will also commence thinking about the second assignment, which is concerned with you conducting a piece of case study research yourself.

Preparation for the next session:

Read:

Pring, R (2000) *Philosophy of Educational Research*, London, Continuum, Chapter 6

Stenhouse L (1975) *An Introduction to Curriculum Research and Development*, London, Heinemann,  
Chapter 10

2) Consider, and be ready to discuss, some initial ideas for your second assignment

We have also provided two further readings in this area which you may find helpful to look at after the session and while writing your assignment.;

Fish, D & Coles, C (1998), *Developing Professional Judgement*. Oxford, Butterworth Heinemann  
Chapters 4 & 15

de Cossart L & Fish D (2005) *Cultivating a thinking surgeon: New perspectives on clinical learning, and assessment*. Shrewsbury. Tfm Publishing Ltd. Chapters 4, 5, 11.

16<sup>th</sup> November 2007

9.30am-12.30pm

Theme: Insider practitioner research

Aims for this session:

To explore critically the concept of insider practitioner research as a 'special case' of case study research, and its contribution to educational enquiry

To consider the notion of 'the teacher as researcher'.

To hear, from some of you, your initial ideas for the second assignment.

At this session we will hear from you about your initial ideas for the second assignment. Following this we will discuss a related approach to case study research has been called 'insider practitioner research', where you, the practitioner, and your practice are the 'case' in question. In relation to teaching, Stenhouse talks about this in his classic phrase 'the teacher as researcher'. He, like many other writers (see for example Pring Ch 6), argue that perhaps the person closest to appreciating the teaching and learning interface (that lies at the heart of education) is the teacher, and that he or she ought to be the primary person engaged in educational research. We will discuss the implications of this both generally and from your own perspective – yourself as researcher of your own educational practice. However, 'insider practitioner' research is more than an armchair activity and you may wish to develop this approach in your second assignment

Preparation for the next session:

Read: Pring, R (2000) *Philosophy of Educational Research*, London, Continuum chapters 1 and 8

Carr, W (1995) *For Education: Towards Critical Educational Inquiry*, Buckingham, Open University Press pp29-39 and 44-50

23<sup>rd</sup> November 2007

9.30am-12.30pm

Theme: Research as development

Aims of this session:

To explore further the concept of research as a (some would argue **the**) means for educational development

To present your own ideas for your next assignment

In the first part of this session, we explore further the concept of research as an important (possibly **the** most important) means for educational development. Other research traditions see 'enquiry' as

either the discovery of new knowledge or the precursor for development (hence the slogans: 'getting research into practice' and 'applying research to practice'). These views are based on a particular way of seeing the relationship between theory and practice, which writers such as Pring and Carr develop in some detail. Why do you think it is important for us to consider in this much detail the Pring/Carr view of the relationship between theory and practice? What are some of the implications for educational research, and perhaps more fundamentally for teaching and learning?

In the second part of the morning some more of the group will be asked to present their ideas for the second assignment.

Preparation for the next session:

Reflect on the module and consider such questions as: How would *you* summarise this module? What are *your* conclusions?

Read:

Sylva, K (2000) 'Editorial' *Oxford Review of Education* Vol 26 (3 & 4), pp 293-297

Pring, R (2000) 'Editorial Conclusion: a philosophical perspective' *Oxford Review of Education* Vol 26 (3 & 4), pp 495-501

30<sup>th</sup> November 2007

9.30am-12.30pm

Theme: Reflection on the module

Aims of the session:

- To review what you have read, written, heard and everything we have discussed.
- To summarise the main themes and arguments.
- To specifically summarise your main understanding about the nature of education (especially professional education) and in particular educational enquiry.
- What have you gained from this module? An opportunity to give feedback on (i.e. a critical appreciation of!) the module.

### Assignment 1

Write a narrative account of an event or incident from your own educational experience. What are the sources of the 'data' you present? What does 'telling your story' say to you about the nature of education and of educational enquiry more generally? Consider the nature and status of the evidence that you have utilised in your account. Draw on your early reading for this module to say how this has enabled you to see your experience – and maybe your current educational work – more clearly.

You will have:

- Described briefly a facet of your educational biography
- Reflected critically on the experience

Reflected critically on its effect on your present conceptions of education, educational enquiry and your own educational practice  
Demonstrated knowledge of the literature in discussing key points  
Examined questions surrounding the nature and status of the evidence you have presented

## Assignment 2

Conduct and briefly present the findings of a small scale case study of one aspect of your educational practice. This could involve insider practitioner research. We suggest that the data used will be either documentary or interview data, or reflection and deliberation about your own practice.

Using your study as a basis for discussion, say in what ways writing this assignment has helped you to appreciate the nature of educational enquiry and specifically case study. Crucially, discuss how does your thinking relate to, and how has it been influenced by, your reading for the module?

You will have:

Briefly described the setting of your enquiry in sufficient depth for your reader to understand the educational context  
Gathered some case data and reflected critically on the process  
Analysed the case data and reflected critically on the process  
Presented and discussed critically your findings to show what your case 'is a case of'.  
Reflected critically on its affect on your present professional practice and identified implications for future action  
Shown a critical appreciation of the nature of educational enquiry generally and the value and place of case study research in particular  
Demonstrated knowledge of the literature in discussing key points

## Appendix 3

### Stages One - Three: Invitation to interview respondents

Re; PhD interview

Dear First name,

I am writing to you as a present or past student on the MA Education for Medical Educators Programme at University College Winchester (formally King Alfred's College).

I am just embarking on a PhD looking at the experiences of doctors undertaking the MA Education Programme at University College Winchester. I am writing to ask whether you would be willing to take part in my research.

The aim of my doctorate is to explore the way doctors respond to the programme and how it changes them as educators, as medical professionals and as people. I hope to interview a range of students, including some who have completed the programme and some who are on it at present. I particularly would like to interview people with different experiences – for example those who exited before completing the full programme as well as those who gained the full Masters qualification.

My research will be qualitative and educational in approach – I know these terms are very familiar to you! As you know from your own work all such research brings with it significant ethical issues. My proposal has been approved by the University College Ethics Committee. Before you consider taking part I would like to bring to your attention the following ethical matters;

Interviews will be recorded and transcribed by myself onto my personal computer.

Summaries of the transcriptions will be sent to interviewees for comment and clarification.

All interviewees will be able to withdraw from the project at any stage – if this occurs their data will be destroyed and not used in the research.

The names and places of work of interviewees will be changed when the research is written up. However in such small-scale research it is not possible to guarantee total anonymity.

I will not be interviewing any student while I am personally supervising their work.

I will be conducting interviews over the next 12-24 months (or maybe even longer!). I will initially be interviewing around six participants, hopefully in the next 12 months, and then arranging to see more people as the themes emerge. At this stage I would simply like to ask whether you would be willing to be interviewed and also to know the best way of contacting you.

Interviews will last around an hour and I can arrange them at a time and location to suit you. Following the interview I will send you a summary of my transcript and ask you to confirm its accuracy and clarify or correct any inaccuracies. It is just possible that I may want to ask you for a further interview later in the project, but you would of course be free to refuse if you did not wish to take part again.



I do hope that you will feel able to take part in this research. I appreciate that you are busy and would be very grateful for your time. I wonder if you could possibly let me know by email ([jane.bell@ports.nhs.uk](mailto:jane.bell@ports.nhs.uk));

(a) if you feel able to participate and

(b) the best way of contacting you.

If you would like any further information, or to have sight of my research proposal do please let me know.

With best wishes,

Yours sincerely

Jane

Dr Jane Bell FRCGP MA (Ed)

Programme Lead and Tutor

## Appendix 4

### Semi-structured interview schedule Stage One

Introduction

Any qu's from my letter re confidentiality etc?

(Confidentiality

Return summary for comment/clarification

Storage

Right to withdraw)

Overview of project – explore experiences of medics taking MA, particularly reaction to philosophy and approach of the programme, and the ways it affects them.

Comment...

Specific Areas

Previous education/school/medical experiences – particularly drawing out positivist/non-positivist experiences, areas involving uncertainty....

Reading

Writing

Expectations of programme beforehand...

Reaction to programme

What was good, what was tough

Was it what you expected (if not, in what ways...)

How did you feel about it

How did your reactions develop/change through the programme

Any memorable moments/events etc

The group – how did it work for you, what is helpful/not helpful...

Effect on work as doctor, as medical educator, as person

Did it affect approach to medical/educational work

Specific examples

Any tensions/conflicts

How have colleagues reacted to you doing the programme and to its approach? Have you shared any of it with them?

Has the programme changed you as

A professional

An educator

A learner

A person

How? Specific examples

Why? How? Tell me about that... Specific examples...

## Appendix 5

### Interview transcripts Stage One

#### Annabelle

Interviewed as pilot in August 2005 at her home one year after completing MA, graduated with distinction. Experienced consultant radiologist, clinical director and educational supervisor. At time of interview recently appointed F2 Director for large hospital trust and considering embarking on PhD.

.....

1 Intro; ethics, whats happening , confidentiality

2 Overview of project.

3 Could you just summarise what it was like, coming onto the programme, for you?

4 It was completely different, I didn't know what to expect, it was like a new language. What is  
5 positivism? All these new words. And in fact I remember doing some of the reading (over there in  
6 the breakfast room.) with a dictionary next to me. And of course the Oxford English dictionary  
7 definition was of no use for all these words we were using...it was quite hard...it wasn't just me, we  
8 discussed it. I was reading it like you'd read a medical textbook. I think when you go to university you  
9 learn to read medical textbooks, every line is a new fact to be learned, because it might come up in  
10 an mcq. And so I was reading philosophy books like that, Car and so on... and then I realised you  
11 don't read them like that you just sort of let the ideas waft through and they don't really make sense  
12 until you start talking to people about it, which of course is one of the other things, isn't it, the  
13 whole sort of philosophical notion that you start formalising your own ideas by talking about them.  
14 And so all that was completely new. But it didn't take very long before I started to think, wow this is  
15 great and I really enjoyed it. It just all started to make so much sense and I think what was really  
16 good was the feeling that you actually were (a) able to sit back and think about what you were doing  
17 but also you were actually able to think in a more sort of abstract way. Because I think in medicine  
18 we are very channelled into these quite narrow modes of thinking really and I guess the other thing  
19 was realising, and that's where I suppose it comes onto my own research, realising that although we  
20 have these quite narrow channels of thinking, the way we deal with patients being more imposed  
21 now in terms of protocols and things, at the same time I think we actually interact with each other in  
22 the medical profession and with our patients in a much wider sense. You know the kind of hidden  
23 curriculum of work, the kind of tacit knowledge that you don't know about. Because I found that  
24 when I went to interview people who would, as I thought, have a very positivist approach and they  
25 do have a very positivist, I mean I think we all do, or did, but when you start talking to them about  
26 these wider issues you can see all these bells ringing 'oh yeh, yes, yes' and then they start talking  
27 about all the other things (which you can put labels on if you want to make it reductionist) so they'll  
28 talk about team work and all those sort of things. So that's that, at the beginning.

29 You said you struggled a little bit but it wasn't very long before you felt happy with it. Could you put  
30 a time-scale on it?

31 I would say probably within, I would say it took about a term,

32 That first module?

33 That first module was quite hard. Super group, really enjoyed it. But it was quite hard. And I think  
 34 the first assignment was hard I think nobody did very well on it. I think I got 59% or something and I  
 35 remember thinking 'but I worked quite hard on this' but I didn't really know what I was doing and  
 36 Roger kept talking about the evidence and I thought 'but there isn't any evidence what does he  
 37 mean' (laughter) and we'd all do that, and we'd go and have coffee, and say 'what the hell does he  
 38 mean we haven't got any evidence have we', but then, having got that out of the way and perhaps  
 39 feeling a little more encouraged, because although I hadn't done fantastically well I hadn't done very  
 40 badly either, then I think it started to make a lot more sense. So I would say it was probably about a  
 41 term before I started to feel much more comfortable.

42 That must have been quite an unusual experience for you, taking on something that felt that  
 43 difficult and wondering if you were going to be able to do it?

44 Yes!

45 Because that doesn't happen to us very often does it? People who become doctors have generally  
 46 succeeded.

47 That's right, and the only time when I haven't done well in exams is in postgrad medical when I knew  
 48 I hadn't done any work. But this was different.

49 Because you were working

50 Oh yes it was nothing to do with work. You know if you learn stuff you pass don't you, in medicine. I  
 51 mean you've got to understand it so there's a given level of intelligence but given that and we're all  
 52 much of a muchness you know that if you work you'll pass the exams

53 So its quite a straight forward equation really, if you work, you'll succeed, and here suddenly work  
 54 work work and it still felt difficult

55 Yeh

56 That's interesting

57 Just run through briefly, if you would, your previous educational experience, just to...

58 Ok

59 Just to have a view of where you were coming from

60 Ok so very straightforward. School; Maths O level a year early, another 10, 4 A levels completely  
 61 science, maths, physics, chemistry and biology. Not the most fantastic grades but good enough to  
 62 get into medical school you know and this sounds a bit arrogant but I do rather feel that you do  
 63 what you have to do so I think my offer was a 'B' and 2 'C's and I got it. I sort of feel if I'd been  
 64 offered 2 'B's and a 'C' I would have got that. I'd probably have worked a bit harder. Anyway be that  
 65 as it may then I went off to university and I went to Southampton as you know and I was a very bad  
 66 student. I was very wild.

67 A bad student in terms of behaviour or in terms of marks?

68 Both, oh both. And I think there were all sorts of issues, which probably aren't relevant to this, but  
69 my father had just died, my mother had just got ms and I think it was just great to get away from it  
70 all so I had a ball had a party for the whole of my first year and I failed my anatomy so I did my  
71 anatomy in about 6 weeks.

72 You weren't the only one I suspect.

73 No I wasn't. and that was fine and then I had another hiccough in the 3<sup>rd</sup> year when I failed  
74 pharmacology and I think the same sort of thing really, I just hadn't settled down, but then in fact  
75 did really well in finals and never had any problem at all. Once I got into the clinical years I just loved  
76 it and then I did my house jobs and then went and did some surgery, some surgical SHO jobs and  
77 thought about doing FRCS but didn't really want to do surgery, didn't really know what I wanted to  
78 do, but as I was doing my SHO jobs. Then I realised radiology was really interesting and so I went into  
79 radiology betted all the exams and did Part 1, no problem, and then I did DMRD, which some people  
80 did and some didn't, but again battled that and got my fellowship. And while I was at St Thomas's I  
81 did a research fellowship, sort of 18 months between registrar and senior registrar, when I was  
82 looking at polycystic ovaries and I got signed up for an MD and did some presentations and some  
83 papers and then I had a baby and then I was obviously going to get a consultant job without having  
84 an MD so I never completed it, I mean life just moved on.

85 Sure, sure

86 So I did my research bit but never actually got it finished.

87 And presumably that research experience was fairly positivist

88 Yes it wasn't double-blind trials. It was lots of observation stuff, which radiology research tends to  
89 be. It was working with the endocrinologists and it was in the early days using uss to look at follicles  
90 so it was quite interesting but at the same time, and this is another thing which is quite interesting, I  
91 do find that sort of scientific research, there was a certain amount of this assaying hormones, in fact  
92 doing it for the biochemists they did assaying the hormones, but I was doing pipetting off the  
93 samples and the centrifuge and it was so boring. I did find it really boring.

94 It didn't really ring your bell

95 No, no. Did find it boring. And its quite hard to say that, you're not supposed to say that, but yes it  
96 was boring.

97 So I got a few papers and things and then I went off and did a consultant job. I was 33 when I got my  
98 consultant job so it was all quite rapid.

99 I suppose one of the things I was interested in was whether there was anything in your background  
100 that made you more open to the course?

101 Yes, definitely. One of the things when I got to University, was, I had this idea, this rather romantic  
102 ideal that university would no longer be sitting learning, you know, chemistry, which I hated even  
103 though my father was an industrial chemist but I only did chemistry because I wanted to do

104 medicine. I enjoyed biology and physics and maths I just hated chemistry. So I had this idea that  
105 once you got to university you wouldn't have to do all this parrot fashion learning, but of course its  
106 even worse in medicine

107 And did you choose Southampton because you thought it would be like that?

108 No no my family came from Hampshire and my father had gone there and so there were all sorts of  
109 other things.

110 It wasn't the curriculum as such?

111 No no not at all.

112 (Laughs.)

113 I just had this idea, I didn't want to go to London,...

114 So it was the idea of university itself?

115 I just thought it would be a bit as I ultimately found the MA to be. You know, sitting in tutorial  
116 groups discussing, you know,

117 Deep thoughts?

118 Deep thoughts.

119 And of course medicine isn't like that at all. You might say it should be, but I still think there is a lot  
120 you need to know. You know and when I get junior doctors who actually know no anatomy at all I  
121 just get,

122 There are some facts that's are quite useful

123 Well sorry folks you do actually need to know this. It may be boring to learn it but it will actually  
124 inform your medical judgements.

125 Umm, but that came as a bit of a shock to me really.

126 So I don't want to exaggerate it but it was almost that there was something you'd been searching  
127 for. You hadn't found it at university.

128 Oh absolutely..

129 And when you came to the MA – it was there?

130 Oh yes. Oh I think you could say that. It wouldn't be too strong.

131 It wouldn't be going too far?

132 Yes because university, in fact, in the end it became just another means to an end really. The end  
133 being practising as a doctor. Which I've never regretted. I love it.

134 But the bit along the way...?

135 The bit along the way. The clinical bit was great. I mean I never had any problem with that. I used to  
136 like seeing the patients. There were lots of tutorials there and bedside teaching and all that sort of  
137 thing which I really enjoyed. What I didn't enjoy was the preclinical sciences, it was a bore.

138 Ok, good thank you that's really helpful.

139 So just to come back to the approach of the programme and the paradigms of the programme.

140 Yes

141 We talked briefly about it but I don't want to assume that what I'm thinking of is what you're  
142 thinking of.

143 No

144 Can you just describe to me what you see as the approach of the programme. What is this  
145 paradigm? What's it all about?

146 I suppose, gosh, hmmm, where to start. I suppose I mean its all about professional practice isn't it.  
147 The title is about methods of enquiry of professional practice. I think the approach is to say what  
148 we're doing is we're talking about complex issues with people, interactions between people. They  
149 don't respond as benchtop experiments. Therefore, and this really sort of summarising what I see  
150 therefore the positivist approach is not going to work because you can't fix any parameters. You  
151 can't use that scientific methodology, because people don't behave like that. So you've got to find  
152 another way and I think the approach of the programme is to, at the beginning, make you start to  
153 understand that your positivist approach, the idea that knowledge is absolute and there is an answer  
154 to everything and you can go about discovering that knowledge by designing a set of scientific  
155 experiments, that actually that isn't going to work in all situations. And interestingly in medicine, and  
156 as you go through the discussions, I think a lot of us on the programme are probably of the view that  
157 medicine isn't a pure science anyway, its an art as well. But I think certainly in the first term you  
158 spend quite a lot of time discussing round those issues of medicine being not being a pure science  
159 and the practice of medicine having a lot of artistry in it and so coming from that I think then what  
160 the programme is saying ok so if the scientific paradigm isn't going to work then what is? And then  
161 you start exploring the qualitative methods within that methodology.

162 Yes

163 And what was interesting was that we started off reading Carr which is fairly impenetrable but it did  
164 bring us together because we'd come in and we'd have our weekly Carr winge, sort of bonding,

165 Laughter, both talking together...

166 And then I think, probably about the second module we were introduced to Cohen, Manion and  
167 Morrison and we all liked that because it was a bit more sort of recipes you know this is how you do  
168 it and that was quite helpful and I remember a few people saying 'well if we'd had that at the  
169 beginning it would have been much easier' and then the argument sort of went well maybe but is it  
170 only easier because we've struggled through Carr and all the thinking and trying to get our heads  
171 round what we are not so much being taught but taught to think about. I think its changed slightly –  
172 I don't think they do start with Carr any more?



173 No there's another book which is slightly less impenetrable – Pring.

174 Yes I think I've got that, that's right,

175 Although there is a dispute about which is worse

176 I suspect whatever you start with is going to be difficult and I suspect also there's no quick way of  
177 doing it but in a way that's the beauty of it. You know we'd have these mornings and we'd have 3, 3  
178 and a half hours, something like that, when you were really just sitting and talking and it went quite  
179 fast but was really interesting and I don't think anyone was thinking...

180 Is it time to go home yet?

181 No, one doesn't have that feeling. It does go quite quickly.

182 Not at all.

183 That's a very good description I think and it sounds like you said you did struggle at the beginning  
184 but you did quite quickly embrace it really?

185 (Sound of agreement.)

186 I think I did.

187 And how did that then affect you going back to your clinical work? Where you've described quite a  
188 different paradigm?

189 Yes. Its quite interesting. One of the things that Roger said that I argued with him about at some  
190 stage in the first year he said, 'of course once you've found this new paradigm there's no going  
191 back.' And I said 'well it doesn't make me any different, its just another way of looking at things but  
192 actually its not going to make any difference to my medicine because that's a different paradigm'.  
193 And he said 'well you wait and see' sort of thing. And I think I was a bit sort of Puff! What does he  
194 know? (laughter) but actually I think he was right,

195 Right,

196 Cos I think once you've, once you've embraced that new paradigm I think actually there isn't any  
197 going back . It doesn't mean to say that you eschew positivism completely because actually its got a  
198 very important place in the work we do but I think there were a couple of things. One is it made me  
199 critically look at scientific papers, much more critically. I think, and I think I've always thought.  
200 there's a lot of bad science around. This sounds horribly arrogant because I havn't done it so who am  
201 I to judge but I still think there are a lot of bad scientific papers around. Or people, maybe not in the  
202 pure science but in medicine there are people and I think what I hadn't understood was they were  
203 probably just using the wrong paradigm. I think you see it in the medical educational press you know  
204 that people are doing statistical analyses of things that they shouldn't be doing and it comes out, not  
205 very well because they've used the wrong paradigm.

206 But I think also in very much more, whats the word, the scientific side of medicine those sort of  
207 papers reading those I'm much more critical about it because I've learned about other things there is  
208 another approach and so I'm more critical within the scientific approach as well.

209 What were you saying, how else has it changed?

210 I suppose the question was well how has it changed you in your clinical work , and you said its  
211 affected the way you look at papers..

212 Yes

213 Has it affected the way you practice medicine?

214 I'm sure it has but I can't think of anything quite so concrete ummm I think, when I teach, when I  
215 teach radiology for example and if I put up a cxr I will always try and get them to work it out for  
216 themselves before giving them some guidance so it's a bit of to and fro but I don't want them to  
217 think I'm going to give them all the answers but I always did that anyway and I remember thinking as  
218 I was doing the MA have I changed my approach? Thinking I'm sure I should have done. But I don't  
219 think I have really so in a way doing the MA there was a bit of it which was like coming home you  
220 know, actually this makes so much sense and now I can make sense of what I already thought up to  
221 a point.

222 So that's interesting. So as an educator you are perhaps not doing anything different in terms of one  
223 to one teaching, does it feel different? I wondered if it had made you more confident about your  
224 approach? If you said its like coming home, does it feel validated or?

225 Yes. That's the point. I think so. And also I mean I've been quite involved in doing the programme for  
226 the foundation year and I think, yes this is very interesting, actually because one of my colleagues,  
227 who is a bit junior to me, he put together a curriculum which was very much, you know, along the  
228 lines of the management of heart failure, the management of respiratory distress and my view was  
229 that's not what they need in their taught curriculum because they're going to learn that sort of thing  
230 on the wards and they've had that as medical students. What they want in their taught curriculum is  
231 something that is slightly more intangible. I mean a bit like it says in the curriculum stuff about  
232 communication and team working and risk management. But what I tried to do, not on my own but  
233 with Vicky as well is to try to look at the curriculum and say ok we're going to have to cover these  
234 things which are if you like dictated by the government or PMETB or whatever but what we need to  
235 do is make it interesting and get them to that stage which perhaps I didn't get to till I was a  
236 consultant doing the MA, of thinking outside the box and thinking that medicine is not just a set of  
237 rules as to how you manage patients but to try to bring that hidden curriculum, which I think we all  
238 recognise in our every day practice but to bring it to the fore and make it overt. Does that make  
239 sense?

240 Oh yes, absolutely.

241 And how has the MA programme affected the way you do that?

242 Ummm Well, first by making me recognise that it exists, so there is a sort of hidden curriculum, but  
243 also I think in making me realise that there are different ways of teaching and you don't have to sit  
244 there at the front of the lecture, you can have a sort of tutorial situation with perhaps a bit of  
245 preparation but you can seemingly be going off the point but...

246 But still learning?

247 But bring it back, but I think I'm still learning about that to be honest. I sometimes look back to those  
 248 sessions with you and Colin and Roger and think; how did they get it, so that we were all so involved  
 249 in discussions? Could I do that and I'm not sure if I do or not.

250 So you learned from that model in a way. You're saying I learned from that model, can I get other  
 251 people to learn in that way?

252 Yes.

253 Just going back to the paradigm bit that was interesting. I think there are conflicting views about  
 254 paradigms, one view is here's one paradigm and then there is a paradigm shift and there's another  
 255 paradigm. And it's a total move. So people used to believe the earth was flat and then Galileo came  
 256 along and said no it isn't and you can't simultaneously believe the world is flat and round. You can't  
 257 be in those 2 places at the same time. And that's one very absolute view if paradigms. And then  
 258 there's another view coming out where people say well actually its not quite like that people do  
 259 seem to have the ability to shift from one paradigm to another.

260 And I wondered if that's what you're doing now in your medical work?

261 I think so. I do think so. But I still find it quite hard, because if you just look at The Age of  
 262 Enlightenment, say and the sort of scientific paradigm that came in didn't it, there are an absolute  
 263 number of facts and the sort of Newtonian physics and that all seemed sort of tied up didn't it I  
 264 mean that was all cut and dried and then Einstein came along and the uncertainty principle and – so  
 265 even in science, the paradigms, Newtonian physics works but only up to a point, its not that  
 266 straightforward and now you've got chaos theory coming in and sometimes you wonder if we might  
 267 not all meet up eventually. I mean I don't know.

268 But then you've got the qualitative, non-positivist approach where sort of anything goes except it  
 269 doesn't does it?

270 No, no

271 I think its quite, intellectually, you've got to be quite rigorous about the qualitative approach and I  
 272 do find it quite hard sometimes because I think its quite easy to slip into a position of relativism so  
 273 its all relative, nothings absolute, except that when you read the books like Carr etc they say actually  
 274 there are quite clear moral principles and everything is not relative. I'm getting into deep water here  
 275 because I think it is difficult.

276 So qualitative research doesn't mean a lack of intellectual rigour?

277 Absolutely not, in fact it probably means more so in a way and even when I've tried to explain to  
 278 people when I've done research of my own the whole business of thick descriptions and delving into  
 279 the data and finding more and more out of the data. I still find it quite difficult to explain what I'm  
 280 doing and to kind of justify it in a way because you think well if I've only got a limited number of  
 281 interviews, I know there's lots of data there.

282 How can I possibly find anything?

283 Yes yes. So I still find that quite hard but as I start doing it and relating it to the literature it all starts  
284 to make sense, but there's a bit of me that still wants to slip back almost to the double-blind trial  
285 where you know exactly where you are.

286 More comfortable, perhaps?

287 In some ways a bit, then in other ways I find myself rejecting the positivist approach and saying 'well  
288 actually that doesn't work for so many things that we do' to the extent that maybe I reject it too  
289 much.

290 So that makes me feel horribly mixed up Jane.

291 (Laughter)

292 I don't think I am.

293 You seem to be managing this tightrope very well.

294 I mean. does that cause conflicts or tensions in your professional life? This knowledge, this being  
295 partly or completely in this new paradigm?

296 Ummm I don't think, I think it causes conflicts within myself as to 'what do I really think? where am I  
297 really coming from?' although in general I'm a fairly positive optimistic sort of person,

298 It doesn't get you down?

299 No no I don't have angst-ridden nights about the meaning of philosophy!

300 (Laughter)

301 I don't think it does cause a conflict because I think you know I sit in the training committee for the  
302 regional training scheme and I think what I do is I bring another view and what I find interesting is  
303 that when I do bring that other view which is, for example, assessment 'well we've got to have them  
304 all tested in anatomy every other week' and I say 'well actually there's a lots else besides anatomy'  
305 (although I said earlier it is important) there are a lot of others things, like not only how you read the  
306 x-ray, its about how you communicate that to the other members of the team. How you react to the  
307 other members of the team and the wider clinical team, they're all important There are all sorts of  
308 things about practising radiology which are very much in context in that hospital and in fact  
309 community setting things you need to learn about that you cannot test

310 That involve judgement?

311 That involve judgement, of course.

312 Oh so when I say that to the other members of the training committee that that is what we are really  
313 trying to get at they all say 'well yes of course it is. You're absolutely right'. But I do think that having  
314 got the academic credentials behind me to be able to say all that, they listen to me. And it strikes a  
315 cord with them too.

316 So perhaps would it be fair to say the programme has enabled you to articulate that, given you  
 317 confidence to say that ?

318 Yes. Here's another example – we have a meeting within the region the British institute of Radiology  
 319 and um original papers are done and I put in an abstract to talk about a bit of the research I'd done  
 320 for my Masters and I suppose I had half an hour or whatever to talk to this group of radiologists, and  
 321 its quite a techie subject as you know, and there were people talking about MR and goodness knows  
 322 what and I talked about the training of the Breast Registrars , no actually it was about the first year  
 323 of the training scheme but I felt I had to put it all in context with what is qualitative research and  
 324 why does the positivist approach not work and it went down very well and afterwards people were  
 325 just buzzing round me and saying 'gosh that's very erudite and that's very intellectual and it makes a  
 326 lot of sense'.

327 Interesting, so they didn't go oh that's rubbish cos its not a double-blind controlled trial?

328 No they didn't, and that was interesting. I mean, I spent quite a lot of time thinking about what I was  
 329 going to say but I think it did come over well and it did strike a cord with them and they weren't  
 330 saying this was airy-fairy nancy-boy touchy-feely sort of stuff . They said 'actually yeh that's really  
 331 interesting'.

332 That's very interesting. It almost gives the impression not just that you're dealing with 2 paradigms  
 333 but that they are too.

334 I think that might be the case

335 Maybe you're more aware of yours now?

336 Absolutely. And I think maybe in medicine we do deal with all these well 2 different paradigms and  
 337 we don't know it.

338 And perhaps what the programme's done is enabled you to know that?

339 Yes.

340 Made you more aware of it, but maybe your colleagues are doing it too?

341 Yes, yes.

342 I'm not sure all of them are. I think there'd be some people in medicine who'd be completely  
 343 resistant to it.

344 Yes I would suspect so.

345 But it sounds like there's a significant group who when you talk about it, recognise it?

346 Yes.

347 That's very interesting. I'm just going to look at my interview schedule –

348 We talked a bit about the effects the programme had had on you as a doctor and a little bit about as  
 349 a medical educator, what about you as a learner, in terms of your own development?

350 Umm oh, I think, when I was writing my thesis one of the things that I think it was Sara Delamont's  
351 book (which was very readable, you know it was great and I used it quite a lot) I think it was her who  
352 said 'read and read widely' and I found myself using quotations and things from quite wide ranging  
353 sources you know some of the more of the wall things, a novel by Vickram Seth to something in The  
354 Times written by the new archbishop of Canterbury and I think that's one of the things that the  
355 programme did, I mean I do read a lot anyway, I read a lot of books, novels, I'd rather read a novel  
356 than watch the television, and that hasn't changed but its made me think more and its made me  
357 realise that there are lots of different sources of information but also I think its made me question  
358 things. So I think you do get a bit channelled in medicine that you know if a fact is put before you  
359 that fact must be right because you sort of have to think that so that you can get through the exams  
360 and if course you realise that even in medicine facts that we had as medical students are no longer  
361 facts at all because we discover new things. So I suppose in a nutshell its probably made me a bit  
362 more open-minded. And more keen to read different things.

363 And see them as relevant?

364 Exactly.

365 Rather than, oh I shouldn't be doing that?

366 Exactly.

367 I was interested in you saying you'd always read a lot I wondered if that might be part of being able  
368 to take on board the course?

369 Possibly.

370 I hadn't thought about it before, that if you're saying 'well, what enables people to take to the  
371 course more easily?'

372 Yes, I mean a couple of people who were either on the course with me or have spoken to me  
373 subsequently I mean I don't know but I have felt that they have perhaps struggled a bit in the  
374 approach. You know they haven't got good marks like they would expect to and its almost like they  
375 couldn't shift the way they were doing their assignments, using the new approach. They were still a  
376 bit stuck in the old positivist approach.

377 Yes and one of the things I want to look at is what happens to the people who struggle, why do they  
378 struggle, what enables some people to embrace this, some people never quite to, or even to reject  
379 it.

380 I think also there is an element, certainly as far as getting the assignments done is concerned, there  
381 is an element of playing the game. And it's a new game and it's a different game. So when I've  
382 written things. I had a poster at the Breast meeting and I did everything in the third person because I  
383 know that that, even though the data was the same, that would sit more happily with my fellow  
384 radiologists reading it, if it was written in that sort of style, where as when I did my dissertation I  
385 wrote it all in the first person, because that was sort of what we were being advised to do. And I put  
386 in reflections and things that I probably wouldn't do, even now, because it would not sit well with  
387 that group of people so in a way I'm playing games. Because I know that Roger et al that's the sort of

388 approach they wanted, I didn't find that difficult (well that's not true) but if I was doing it for my  
389 colleagues at work. And some people who've wanted to look at my dissertation said 'well but oh its  
390 all written in the first person'

391 'yep'

392 'and it it says things that I don't know if I'd have put in'

393 and I've had to say 'well nor would I 3 years before' and now it all makes sense but sometimes  
394 when I am writing and that's the other thing I thought I couldn't write. I don't think I'd written an  
395 essay probably since O level history.

396 Well we didn't write many essays did we?

397 They do now don't they?

398 Yes its changed. We did one or 2, sociology.

399 In the first year.

400 But I hadn't really done any proper writing for years and years and I thought I couldn't do it but  
401 actually I could. And I quite enjoyed it. I'd always shied away from things. I thought I wasn't any good  
402 at writing. I thought I was good at talking, you know giving lectures and things. But actually I can  
403 write And now if I'm asked to write something say for the Consultants news letter or something or  
404 Best Practice Bulletin or something then I'm quite happy to throw in a thousand words. I've got  
405 something in the College newsletter this week. Views were canvassed from about 6 people from  
406 around the country and mine's there at the beginning and it hasn't been edited, which is quite  
407 interesting. I wouldn't have had the confidence to do that before.

408 So you feel more confident about your ability to write?

409 Absolutely. And the things that came back – "this is very readable. This is a good read." And I read it  
410 again and think 'hmmm well I'm fairly pleased with that'.

411 That's interesting It's a marker I hadn't thought about but if people can, for whatever reasons take  
412 to writing....

413 Yes

414 That might also help them on the programme a lot.

415 Yes.

416 Because if you're struggling with the concepts and you're finding writing very difficult..

417 Yes.

418 That's going to really be hard. Where as if you're struggling with the concepts but the writing isn't  
419 too bad. Its all a bit easier.

420 Yes. I thought it was hard till I got going.

421 Well doctors aren't terribly good at writing. Its not something we practise. As you say we like to talk.  
422 It's the oral tradition.

423 It is. But I don't think we necessarily realise that. We don't all understand that. And again that's the  
424 hidden tacit knowledge isn't it?

425 But there was something else I was going to say about the writing...yes...that when I'd done some of  
426 these, not rigorous sort of not academic pieces, I'm more likely to use the first person and to be  
427 slightly more relaxed about what I'm saying. You know I think one of the things that doctors  
428 perhaps, or maybe its just me, I shouldn't generalise, think is it should be written in strict scientific  
429 terms, fact after fact, where as to make it good you've got to be very explicit and explain what  
430 you're saying and explain your terminology. And you see it in the hospital. People will write  
431 protocols. Managers will write things and its complete garbage. And you think, 'What were they  
432 talking about?'

433 And so I think now when I write things I look at it and I think 'What if I was the secretary reading  
434 that? Would I understand it?' And that again is a form of being academically rigorous.

435 And that is something that you'd say the programme has enabled you to do?

436 Yes definitely.

437 To be more confident about writing in the first person, that is hasn't got to be truly scientific?

438 Mustn't be in jargon. Or I think you can use jargon if you explain it. I've always been very strict with  
439 registrars about not using abbreviations and that sort of thing but people do and people ask me to  
440 look at things and you say 'well this is sort of fine I understand it because I know where you're  
441 coming from but it wouldn't make sense to anyone else' so sometimes things have to be expanded a  
442 bit so that they make sense. That's just on a day to day level.

443 That's very interesting. Thank you. I probably ought to draw that to a close. Is there anything else  
444 that we havn't covered?

445 No – drawn to a close.



## Martyn

Martyn, interviewed at end of 2<sup>nd</sup> year, postponing dissertation due to professional and personal pressures. Newly appointed consultant pathologist.

.....

1 Introduction, ethics etc.

2 It sounds fascinating because its familiar – its exactly as you described. The MA course is very  
3 different, totally different to anything I've been through before. And at first there was backing off a  
4 bit, thinking to myself this doesn't sound quite right, what have I signed myself up for? And then the  
5 more you go into it the more you realise is that it fits in well with what I do but it didn't fit in with  
6 other people's perceptions of their practices as pathologists and in medicine. So I moved from one  
7 paradigm to the other and then almost found it difficult to go back to the orinigal one before finding,  
8 I hope, some kind of balance between the two.

9 You said several really interesting things there. First of all you said it wasn't quite what you expected  
10 it to be. How did you expect it to be?

11 I had almost mercenary reasons for signing up to the course in the first place. I had reached a point  
12 in my registrar training, I think it was one or two years in, and I was beginning to realise that whilst  
13 there were a lot of consultant jobs around in pathology in order to get the particular job that I  
14 wanted I needed to make myself stand out a bit. And I thought, fine, that either involves going and  
15 doing some proper scientific research, with p values and everything, or doing something else. I'm  
16 not a huge scientific research sort of person so I thought well what else do I enjoy? In my 2 years as  
17 a registrar I'd been teaching medical students in pathology tutorials and I'd really enjoyed that. So I  
18 thought why don't I see if there's something in education. And so I spoke to CbB who was a  
19 consultant pathologist but also Director of ME in Southampton and she said why don't you go and  
20 do one of these courses? I did the Cardiff course she said, which is very scientific in its approach,  
21 distance learning, meeting up once or twice every semester for a day or so. Or there is this course in  
22 Winchester which is much more local, much more face to face, but its not as scientific as other  
23 courses. I can't remember the word she used, it was a bit more, I think what she actually said was its  
24 an MA not an MSc.

25 And I thought well it doesn't really matter what I do, it'll serve my purpose. So I signed up for the  
26 course and thought I've no idea what I'm getting into. And I turned up on the first day, met such a  
27 diverse group. As a junior doctor you tend to only meet other junior doctors. But there were some  
28 stereotypical junior anaesthetists, also some consultants thee, and some GPs – this strange  
29 population who I'd never had much contact with – they were the other side of medicine! So I had no  
30 real preconceived ideas about what I was getting myself into and I had no - the course itself hadn't  
31 jumped out at me. It wasn't you must come and do this particular course. It was local, I think I do  
32 better with more face to face than distance work, um and that was that really.

33 That's interesting, ok. And then, what happened next?

34 I have to admit. I thought at first, what have I got myself into? Um, because it was so totally  
35 different. The way of teaching was very different. It wasn't a matter of go away and these are the  
36 things you have to know. There doesn't seem to be a lot of things that you have to know, but stuff

37 that you have to understand. Which I found very different to my education, particularly my  
38 pathology up to that point. Um and the texts that were being used, the language that was being  
39 used, of education. I think from my point of view it was quite obvious that the GPs there, the people  
40 who'd been through GP had a much better idea about what was going on. Seemed to have a much  
41 better idea about the themes and principles that were underpinning the whole course than I had.

42 So it was all very different, and quite difficult at first. You know, I can go away and read a paper or  
43 read a scientific textbook and sometimes its very tedious and poorly written but you can sort of skim  
44 through it and get the general meaning from it. To actually have to read a book or a paper where  
45 you read it through the first time and you think at the end I didn't actually understand any of that.  
46 Or I think I've understood it but I need to read it again and on reading it again you get a completely  
47 different understanding out of it. So it was, that was, just totally different to what I'd expected. But  
48 in fact it was nice that there were other people there from a hospital background. They seemed to  
49 be having the same sorts of issues, I think. Um and it was possible to talk about them The very early  
50 sessions in the course, were talking about, describing a process of learning that sticks in your  
51 memory, what made that good and so on and so forth and I tried racking my brains for what was a  
52 really astounding piece of education and then I heard people speak and it was something very very  
53 simple about, I don't know, I remember my primary school teacher teaching me this and I just  
54 thought well hang on a sec, you've been through GCSE's, A levels, undergraduate medicine,  
55 postgraduate medicine and you come up with your best bit of education was at primary school –  
56 what's going on here? So it was quite good that there were other people on the course and I think  
57 that's one of the areas, if I'd been on a distance learning course, I wouldn't have had that, it wasn't  
58 sort of expressed as mutual support but just by having someone else, in the room, who seemed to  
59 be having the same sort of issues as I was, was very helpful.

60 I think that's very true. I don't think it would work well as a distance learning course. So the texts  
61 were different, the texts were quite difficult to tackle. You couldn't tackle them as you had your  
62 previous reading?

63 No, I mean at the very simplest level, a scientific, a journal article will state that his particular  
64 condition is seen in 20% of patients and there'd be a reference. Fullstop, short sentence and it gives  
65 you the background. You then read a text that that takes 6 pages to describe what 15 different  
66 people believe is in a different situation and the author puts their own idea forward and of course  
67 that wouldn't stand up in a scientific journal, you know traditional scientific journal, because they'd  
68 say well how dare you go against what all these people before have said, some of whom are very  
69 eminent or you can go against what they say but you have to have the evidence to stack it up where  
70 as Pring, the textbook that we used, was very here are some of the basic philosophical principles  
71 and here's what I think. And Pring was allowed to contradict people or disagree and put his own  
72 opinion forward and that was allowed and that was alright.

73 So that was quite a new thing, being allowed

74 Yeh

75 To question the perceived wisdom

76 Yes

77 And how did that feel Did you think this is a load of rubbish?

78 No. Not that it was a load of rubbish. It felt, it felt odd. This whole idea of questioning what had been  
79 put forward as fact and I think that was the problem. Scientific articles put things forward as fact  
80 um and um and I guess the archetypal scientific journal article research is objective in the extreme,  
81 no influences or outside pressures are included, but these were sort of saying there are outside  
82 pressures there are influences and because of these influences I believe something different um and  
83 in fact as I went on through the course I started to realise that part of the course was about  
84 objectivity and subjectivity and is subjectivity a bad thing? But until I, at the very start I separated  
85 out my medicine my pathology from my education because they were so different, but in fact if I  
86 started to look at the pathology from a more subjective point of view it actually fitted in much better  
87 um with what I thought very early in my training I was always looking for the right answer to a  
88 particular slide and I'd come up with a solution and I'd take it to a consultant who'd either agree  
89 with me and say that is the right answer or would disagree and say actually this is not lesion 'a' its  
90 lesion 'b' and and I mean they wouldn't go so far as to say you're wrong but that was the  
91 implication. Um towards the end of my registrar years I began to realise that they were making  
92 subjective, pathology is a very subjective practice, and they were making judgements and they were  
93 making their own opinions and yes in some cases I was wrong but I was at least entitled to my own  
94 opinion.

95 It wasn't a black and white situation. That was very interesting because you said I think initially that  
96 pathology and education were in different boxes essentially and then you realised that what was  
97 going on in the education applied to your practice.

98 Yes um very much so, and in fact the more I went through the education course I would challenge  
99 my consultants if they made a statement or said I think this is lesion 'b' I would ask them why and  
100 they wouldn't just say well that's the right answer, which I think as a very junior pathologist I would  
101 have expected them to say well it just is, but they'd say well I'm looking at these features and I think  
102 on balance this is the best, you know this is what I think it is.

103 So it gave you, tell me if I've got this right, it gave you a view of their practice that was different -  
104 they weren't saying black and white they were making a judgement it gave you the confidence to  
105 question that, is that right?

106 Yes yes. I think I'd always perceived they were saying it's black and white, but they probably weren't,  
107 um I'm convinced that they weren't and the more I went through the course, the more I went  
108 through my pathology training the more I realised it was very subjective, influenced by people's  
109 opinions and you know their experience and I was able to question that and part of that was for  
110 comfort I wanted to know that they didn't think it was black and white was I because I'd merged my  
111 2 worlds of the education course and pathology I wanted to make sure that that was normal, as it  
112 were, and that by doing that I wasn't getting away from this idea that there was a right and a wrong  
113 in error and I very quickly found out that I wasn't. They were all making judgements. They were only  
114 giving their opinion.

115 And were they aware that they were making judgements?

116 Yes absolutely. And often if I challenged them or just asked them about it they'd say 'of course this  
117 is just my opinion' and there were some cases where if we show this to 10 people we'll get 10  
118 different answers Of course in the majority of cases there is a lesser spread of opinion so I guess  
119 there is a right and a wrong answer bur even so ...there's a majority view. But for a junior pathologist  
120 that wasn't really, its not really taught. Its not openly said 'look this is a really subjective process, its  
121 all about opinions rather than answers'.

122 Do you think that's a developmental process that would have occurred as you moved through your  
123 training and your career to some extent anyway?

124 I don't know. I think it must do. I'm not quite sure when it happens I'm not sure. The the sort of exit  
125 exam in pathology is very much a case of you get given cases and you have to come up with the right  
126 answer and I genuinely think up until that point most people look for the right answer. You know  
127 they'll see a case or a practice for the exam, they'll bring it to someone and say 'have I got that  
128 right?' and I'm not sure how well you'd do in the exam if you started to say 'in my opinion this case  
129 is this'. So I don't know...

130 There's something about playing the game?

131 Yes but then after the exam I don't know what happens – how quickly, whether people are just  
132 playing the game or whether I don't know how long that takes whether it takes as a few years as a  
133 consultant to change and I don't know whether I got a head start on that or whether I'd made an  
134 error when I was a junior pathologist and it was clear to other people.

135 You must be in contact with lots of people at your level – have you been able to get any sort of feel  
136 for how the way you're thinking about your pathology practice varies?

137 Not, not very easily, I think after about the first year in the MA I was fascinated I mean it was just so  
138 fascinating, interesting, it applied to my work as a pathologist, it was fantastic and I was just trying to  
139 tell everyone else and get ideas out of them about subjectivity and so on and so forth, many of  
140 them, the people I spoke to most about it wouldn't necessarily poo poo the course, but would sort  
141 of say, were definitely still in this scientific paradigm There is an ultimate truth There is a right and a  
142 wrong answer and if we investigate it enough we will get the right answer I don't know how..

143 So your words fell on stoney ground?

144 Yes very much so. And it didn't help I don't think - I think that there's so much in medicine which is  
145 trying to head... medicine is of course based in that paradigm but so much medical education,  
146 certainly within pathology in hospitals, seems to be going in that direction. This idea that we can  
147 only have a good assessment if its objective. How can we remove all subjectivity from an exam  
148 completely? And when I see my college changing the exam to make it more objective! I look through  
149 their proposals and I think 'well not only are you not making it objective there is still subjectivity  
150 there' because you've still got an individual human being marking a written paper and deciding  
151 whether an answer is worthy of a pass mark or not but also you're missing out on what pathology is  
152 all about and therefore you're not, you're teaching one thing, if you're trying to teach someone how  
153 to become a consultant and at the same time you're testing them by saying there is a right and a  
154 wrong answer ...

155 That's really interesting so I think what I'm hearing is you had this initial struggle and then it became,  
156 you embraced the ideas, you found them useful. Difficult but useful! They seem to have a lot of  
157 relevance to pathology practice. You looked at your practice in a different way perhaps and you said  
158 at the beginning you felt that you felt that you moved into the paradigm and then there were some  
159 difficulties with the paradigm you were in on the MA and the paradigm that you were in at work.  
160 How did those manifest themselves? You described colleagues perhaps not being able to take it on  
161 board. Are there any other examples?

162 Well just in, I was working through my exams as well at that point, so again this idea that there has  
163 to be a right answer and I knew what I was doing - I was reading lots looking at lots of cases and I  
164 was thinking what's the right answer, but also knowing, on the other side of my brain, well there  
165 probably is a right answer but its subjective - always thinking this isn't a very good exam for, to  
166 actually make me into a proper pathologist and actually that was very useful because it meant that I  
167 knew I had to pass the exam and I knew I had to work very hard but I knew it wasn't the end of it. I  
168 knew I wasn't going to get out the other side and I've passed - wonderful but I knew that there was  
169 in fact having jumped across that hurdle I knew I had something else to concentrate on in order to  
170 be a consultant pathologist

171 So how do you resolve those 2 things? Thinking about paradigms, as you know when Kuhn described  
172 paradigms he described a complete movement from one to another and one view of paradigms is if  
173 you change your paradigm there's no going back so if you take for example Galileo everybody  
174 thought the earth was flat Galileo said 'excuse me chaps its not its round if you move into a paradigm  
175 where the earth is round you can't be in a paradigm where the earth is flat. So that's one view of  
176 paradigms - you move from one to another and there's no going back. Now the other view is that  
177 perhaps its possible to live with 2 paradigms and I wondered how that felt to you?

178 Um. (pause) you can. You can work in different paradigms or I think that was what I was having to  
179 do. I knew that working for the exam I was in a different paradigm but its all about needs - I can't be  
180 a consultant pathologist without the exam so I have to pass the exam it doesn't matter that I don't  
181 like the exam or how they're examining me I have to do it and therefore I can compartmentalise it to  
182 say well I know its not the be all and end all but it's a necessity.

183 You can put it in a box its a tool it's a means to an end?

184 Yes.

185 What about in your every day practice where for example you must be surrounded by protocols and  
186 eBM and so on how does that feel now?

187 Um that's actually much more difficult because its not just an exam its actually my work. Protocols  
188 can be ok, certainly the ones I've come across and I can live with them when they match. I'm pleased  
189 that I'm in the type of job where I can step outside the protocol providing I can justify it. So if  
190 somebody comes up to me and says 'you didn't follow the protocol for this', providing I can explain  
191 why I didn't - the status of being a doctor and being a consultant at the moment allows me to do  
192 that. I think its right to be questioned if you step outside the protocol to a certain extent, if you've  
193 got an outside performer then he should be questioned not least because if the right people are

194 questioned then they can say well our protocol isn't right but you should have to justify that type of  
195 thing but I think that's the kind of judgement people make all the time...

196 So is there a sort of implicit understanding within the system that there is judgement and  
197 complexity? Are there 2 layers sort of within the system?

198 I think that's very difficult I don't know whether there are 2 distinct layers I think it would be very  
199 rude and wrong if I were to say 'well as a consultant doctor I'm above all of those they don't  
200 understand me' but I think it's what's driven into people, people having to work to protocols all the  
201 time tend to have a slightly blinkered approach because they're always doing it they're always being  
202 hit by protocol protocol protocol that sometimes they don't see what else is around. The other  
203 perhaps side to that is that if you question them closely there is a protocol but they are perhaps  
204 reaching the same conclusion as the protocol would have them but if you ask them more closely  
205 there are judgement calls there and so I don't think it's the right of a consultant or doctor to be able  
206 to alter protocols. I think everyone probably does it, they probably do it without realising it, and  
207 sometimes they reach the same conclusion that they would have done anyway, there is that  
208 judgement and variation anyway.

209 Ok that's brilliant I'm going to back a bit to my interview schedule ...I was interested in your  
210 educational experience prior to the MA ..

211 I had been educated through medical school and had had various, obviously lots of different  
212 approaches from different people. One of the reasons I think I ended up as a pathologist is that I had  
213 some very dynamic teachers in pathology - the medical school at the moment has a curriculum with  
214 a huge pathology component, that is delivered by pathologists in small groups it gives you very close  
215 contact with consultant pathologists and I think it's because of the way some of them taught me that  
216 made it fascinating, interesting and I've ended up in that way in that respect.

217 That was Southampton?

218 Yes um as a postgraduate the training becomes, well I think it becomes a training more than an  
219 education in that it's much more um it's much less defined, teaching tends to happen on odd  
220 occasions, you learn little bits here and there you pick up different things from different people. It's  
221 not given in a group, given in a classroom, there are sessions within pathology training certainly  
222 locally but that's not where most of the learning takes place, certainly from my own perspective.

223 Before you went to medical school did you do straight sciences?

224 Yes I did A levels in chemistry biology and maths and actually at that point wanted to be an  
225 accountant and at some point in my last year changed my mind and I'm not sure how I managed to  
226 do that.

227 So pretty much scientific factual based stuff. Are you someone who reads? Do you read generally?  
228 Are you someone who always has a book by the bed?

229 Yes, yes.

230 What do you read?

231 Oh anything. It'll often be, most often it'll be a novel. It'll sometimes be journals or small textbooks,  
 232 particularly if I'm having trouble getting to sleep. Or it'll be more factual-based books but not  
 233 necessarily scientific in nature. At the moment I'm reading 'Does my dog have a brain?'

234 When you came to the programme and you had to write essays how was that for you?

235 Horrific! Um I hadn't, I had to write essays for the first part of my exam which I think I completed  
 236 just as I started the course but again that's time limited, short subjects with a very specific title. The  
 237 essays on the masters course are very, nebulous, I almost felt like they were saying 'you've got to  
 238 write an essay, write about whatever you like, its got to have these general ideas behind it but we're  
 239 not going to tell you what to write about' and initially, well I still find that very difficult am I writing  
 240 about the right thing? How awful is that? So its that finding an original idea, is my idea good enough?  
 241 It wasn't so much the process of writing the essay.

242 The stringing together of words isn't too bad?

243 Yeh.

244 But its what words to put down?

245 Yeh, but I think I was happy with, for example one of the essays was write a reflective, write about  
 246 an episode of education. I wasn't worried about reflecting, I wasn't worried about writing about  
 247 reflection, I was worried about, well have I picked the right bit of education? Will it be what they  
 248 want to hear? Will it be the right answer?

249 Laughter. Is there a point on the programme where you could say, you know it took me half a  
 250 module to get there or a module to get there? Is there a point where you could say you felt  
 251 comfortable with the approach?

252 Um, I think by the end of the first module I was more, I hadn't meshed my paradigms. I was more  
 253 happy with the educational paradigm. I think there was initially some resistance on my own part, but  
 254 that didn't last too long and then it was trying to understand it because it was so different but I think  
 255 by the end of the first module I was starting to get an idea. I often found that the idea I was used to  
 256 was that you'd be taught about a subject and then you did an assignment on it, and you had to  
 257 understand the subject before you passed the assignment. In the Masters course I found that I often  
 258 better understood what the assignment was about after I'd finished it. Actually that was very clear  
 259 to me that, for example writing an essay on methodology, even when I was writing that essay I think  
 260 I was still confused about methodology was, but having finished it and left it and come back to it  
 261 next semester and started talking about methodology again I had a much clearer idea. So that the  
 262 assignment was part of my learning, definitely was part of my learning.

263 Was there anything in your previous experience that might have made the masters course easier?

264 I don't think so. Well maybe the only thing is my wife is a nurse and when she was doing her training,  
 265 certainly the ideas about reflection on things and I often used to read her assignments before they  
 266 were put in and they were on, she had to do some philosophy and social sciences so that I had  
 267 actually had some exposure to that way of writing but also then reading in that kind of paradigm so I

268 had had some exposure. I don't know whether that made it more acceptable to me. I still think I read  
269 some of her assignments and thought 'why has she written it like this?'

270 Ok um we talked about how the programme has affected you as a doctor, as a pathologist. How has  
271 it affected you as an educator?

272 (Pause)

273 I think I want to, I want to try to give people an idea about particularly about subjectivity, opinions,  
274 the whole thing that pathology is a grey area to the people that I teach. I now find myself in the  
275 position of the one giving the tit-bits of teaching and education as I go through a normal working day  
276 rather than having a specific 'you're now teaching these people' um ..and I do like to get across the  
277 idea that I have an opinion about a slide, but more about how I reach that opinion. I always thought  
278 people, consultants, that I took cases to when I was junior would say 'its this and that's the answer'  
279 but in fact hadn't said 'and I think its this because there are these features and I think put together  
280 those favour this rather than anything else'. So what I do try to do is to say 'well this is what I think  
281 the answer is and this is why I think it's so try to give the people more junior to me an idea about how  
282 my brain works how I approach a slide, how I approach a case. The difficulty I have is that they  
283 sometimes come back to me and say 'so what shall I do in the exam' and that ..

284 So there's a tension there?

285 There is and I would have been exactly like that. Again it's a means to an end you know you have to  
286 pass the exam Almost what's the point of learning this now if its not going to help me with my exam.  
287 I can learn that later.

288 Yes. And how do they react to that? Do they like it or do they feel irritated because you're not telling  
289 them what they need for the exam?

290 I don't know. I don't know how they feel. Again I've only had quite limited experience and currently  
291 the junior pathologists are only a year or 18 months behind myself, so quite how far down the line  
292 they are about realising about the whole grey area bit they are or where they want to be. It would  
293 be very interesting to get some more junior pathologists in our department who I think would very  
294 much be saying 'what's the right answer what's the right answer?'

295 Can I just take you back to being on the programme this almost like paradigm shift. You came into  
296 the programme with this view of scientific thought, evidence and then you hit this programme that's  
297 talking about something different and you said probably by the end of the first module you were  
298 feeling fairly comfortable with it. I just wondered if you could talk a little bit more about that  
299 process?

300 (Pause)

301 I think um having not had anything previously to say that there was something else I didn't even  
302 realise there was such a thing as a positivist. I'd never even heard of it. So all of a sudden there was,  
303 it was being told there is something else out there. I guess it was, you know, the world is not flat its  
304 round. So before then I hadn't really considered it. So at first there was this natural reaction to say  
305 'well its rubbish its not this its not what I'm used to its not what I've been taught' um then I think



306 part of the first module was about accepting that there are different paradigms and then there  
307 weren't just the 2 paradigms, there are more out there and in fact its almost as if every individual  
308 person has there own individual paradigm. So there is a sort of gut reaction to reject it at first, once I  
309 had accepted that there could be something else, then it became interesting, then it became 'well I  
310 want to know more about it, I want to understand it.' I guess so I can decide when I've got all the  
311 information I can then decide whether to accept or reject it. And even at that point very early on, I  
312 wanted to know all about this but then I'm going to go back to my pathology and say 'well its all this  
313 we're talking about subjectivity and opinions and philosophy but its all rubbish really because there's  
314 no p values'.

315 So at that point you still thought you could keep it in a box?

316 Yes, yes very much so and I don't think there was a day when I woke up and thought 'well its not'  
317 and in fact its probably only since I passed my exam and started thinking 'my god I've got to be a  
318 consultant in 6 months time' that I actually looked back on things and realised how interwoven the  
319 practice of pathology with the educational paradigm actually is. so again its still developing I think.

320 And when you were finding out about it, did it feel threatening, did it threaten where you were at?

321 Not on a personal level its bizarre I keep thinking back to ..someone asked me once whether I  
322 believed in a soul and I think they were expecting me to say 'no, no its all chemicals' but I don't I just  
323 can't believe that if you put nitrogen and carbon and oxygen and everything all together that you get  
324 a proper human being and therefore it settled quite easily with me eventually that there could be,  
325 that science wasn't the absolute answer, that you can't beak everything down and find the smallest  
326 molecule and find that that's the answer to everything and that's a personal belief.

327 Its an interesting example of people living in 2 paradigms really because of course a lot of scientists  
328 are quite religious and presumably they dealing with 2 paradigms?

329 Yes - that question was asked when I was 17, or 18 - I'd just started medicine so even at that point,  
330 but I hadn't really I can think back to that moment now, 13 or 14 years later ...

331 Interview drawn to a close.

## Appendix 6

### Semi-structured interview schedule Stage Two

Introduction

Any qu's from my letter re confidentiality etc?

(Confidentiality

Return summary for comment/clarification

Storage

Right to withdraw)

Overview of project – explore experiences of medics taking MA, particularly reaction to philosophy and approach of the programme, and the ways it affects them.

Comment...

Specific Areas

Previous education/school/medical experiences – particularly drawing out positivist/non-positivist experiences, areas involving uncertainty....

Reading

Writing

Why decided to undertake programme

Expectations of programme beforehand...

Reaction to programme;

Was it what you expected (if not, in what ways...)

What has been good, what has been tough

How do you feel about it

How have your reactions developed/changed

Any memorable moments/events

The group – how does/did it work for you, was/is helpful/not helpful...

What views did you hold before starting and do you hold now about;

(go into this in detail.....)

Professional practice (what is it what is it like multiprofessional practice..)

Professional development (how do professionals develop, what helps/hinders)

Being a doctor (eg protocols accountability)

Being an educator (eg courses assessment the place of appraisal and examinations)

How is the programme influencing you/did influence you in thinking about these areas?

Effect on work as doctor, as medical educator, as person.

Has the programme affected your approach to medical/educational work

Specific examples

Any tensions/conflicts

How do think it might affect you as a doctor, educator, person in the future?

How have/did colleagues reacted to you doing the programme and to its approach? Have you/did you shared any of it with them?

Has the programme changed you as

A professional

An educator

A learner

A person

How? Specific examples

Why? How? Tell me about that... Specific examples....

## Appendix 7

### Interview Transcripts Stage Two

#### Bridget

Interviewed at end of 1<sup>st</sup> module of first year (comp 2). SpR psychiatry.

.....

- 1 Preamble – introduction to project, confidentiality etc.
- 2 The first thing that I’m really interested in your education and your experiences up to taking the MA.
- 3 So if you could just tell me about your school, going to medical school and so on..
- 4 Um, where to begin really. I went to state school. I went to Weldon in Hedge End. So,
- 5 Local girl
- 6 Yes local girl. And that kind of (pause) I kind of was the best in state school. Top in all the subjects.
- 7 Did better in my GCSEa than anyone else. And then I had to make a decision about where to go. And
- 8 I didn’t really know where to go. And I’m a very kind of obsessional person really. I like to know
- 9 where I’m going. And so I decided to do chemistry, maths and biology A levels and then go on to
- 10 medical school. Because if I’d have done history English and History and German or something like
- 11 that I wouldn’t have known where to go after that. So that was really only just because I knew then
- 12 that I’d have a goal.
- 13 So you could quite easily have chosen to do those subjects. You were perfectly able to do them.
- 14 But I just felt I needed a path to follow. It was kind of none of this I want to help people. It was just
- 15 that’s where I’m going. And then when I went to medical school it was a bit of an eye-opener
- 16 because a lot of the people who were there were public school educated. I don’t know my
- 17 experience of medical school was different to that of most people because I lived with a boyfriend at
- 18 the time who wasn’t a student. So I never lived in student accommodation and I never integrated
- 19 fully into my year group. I had several close friends in the group but I wasn’t part of the bigger social
- 20 scene really.
- 21 Were you at Southampton?
- 22 Yes. Yes.
- 23 Umm and it was kind of shock too not being best at everything, and I think that’s probably the
- 24 experience for lots of the students was that they’d always been top and then we were getting C’s
- 25 and that was really odd. But it was fine and I found it a very good experience my medical education
- 26 and I just think I appreciated so much that I’d been to state school and had friend with
- 27 disadvantaged backgrounds and I knew a bit about life as people live it and about the kinds of
- 28 patients I’m going to be seeing in my working life where as I felt a lot of my colleagues didn’t really
- 29 appreciate how the other half live

30 So you felt your background was useful

31 I really did, and I kind of think perhaps that's shaped the way I've gone in my career. And then,  
32 nothing really after that just MRCPsych. I did the GP PRHO job

33 Yes

34 Cos General Practice. I absolutely hated my Medical job. I don't think I'd have finished my PRHO year  
35 if I'd had to do 6 months of medicine. It was just soul-destroyingly busy and my overall impression  
36 was that I never had time to do anything properly. I'm the sort of person that likes to do things  
37 properly and I didn't have time to communicate with any of the patients effectively or ever finish my  
38 list of jobs so that was completely soul destroying. And then I went into GP and that was a whole  
39 different experience and very positive but I felt I didn't want to be a GP doing surgeries late into the  
40 evening so that was really what put me off that

41 That's interesting

42 (Pause). I've always been very focused on having a life. And my job has never been my priority. My  
43 priority has always been I want a life outside work and work is something that I do to facilitate my  
44 lifestyle and having a family was something that I always wanted to do. And I just felt that being a GP  
45 wasn't going to give me the time that I wanted to spend outside of work. So umm the bit I liked best  
46 about my house jobs was talking to people and getting to know my patients which is why I went into  
47 psychiatry. I just never looked back. That was my first SHO job and its just wonderful.

48 Right. It was the right decision?

49 100%

50 So I suppose one of the things I was particularly interested in was whether you'd had any  
51 experiences in your education to date which might have made you more or less able to take on  
52 board the philosophy of the MA programme. So for instance its interesting that you did straight  
53 sciences so that's a very scientific, straight up the path, sort of background. I guess psychiatry brings  
54 with it a lot of uncertainty a lot of fuzziness. How do you think that's sort of prepared you for what's  
55 being thrown at you in the MA?

56 I think, I didn't know what to expect before starting the MA and so I kind of came at it with a blank  
57 sheet of paper if you like, no preconceived notions and I just think I kind of have a very open mind  
58 about things and I want to learn I want to acquire knowledge I want to learn how to be better and I  
59 don't know where that's come from. It may have come from my educational background I can't  
60 think...(pause)...where..I don't know.....its... its...I don't know if anything has particularly prepared me  
61 I just kind of have this.....

62 Perhaps that openness is helpful.

63 What made you decide to take on the MA?

64 I've, since I started psychiatry really I've been involved with teaching medical students and its  
65 something that I think I've probably done quite poorly and I've always felt a bit lost doing it and the  
66 assignment I'm doing at the moment one of the things I was writing last night was that I feel as a

67 medical student you're learning all the time and trying to become this professional and then you  
 68 become a professional and as it was then you do your PRHO year and then suddenly at the end of  
 69 the PRHO year your expected to become the teacher. And there's no, or I kind of felt that I had no  
 70 guidance as to how to become that teacher and so my teaching has just been about sharing my  
 71 experiences with others and helping them to learn from my experiences and impart the factual  
 72 knowledge that I've gained over time and I think there's got to be more to it than that and I enjoy  
 73 teaching and spending time with students and I want to do it well and I want it to be part of my  
 74 consultant role wherever I'm working whatever I'm doing and I wanted a lever really to say look this  
 75 is what I do I've got this qualification and I need this to be part of my job. I love my clinical work but  
 76 you need something else as well.

77 Absolutely yes and you may do your clinical work better

78 Yes

79 For having something else

80 Definitely

81 So again its almost like doing your A levels because they'll get you somewhere else

82 Its very that's very true yes

83 It is with a very real aim in mind rather than this would be really interesting and intellectually  
 84 stimulating

85 I don't ever seem to approach things in that way and I don't know why that is but I just seem to need  
 86 a focus. I don't seem to do things cos they're interesting which is rather sad!

87 (Laughter) Well its ok – it gets you where you want to be that's all.

88 I'm kind of very aware that I havn't had a gap year and I havn't had lots of experiences of lots of  
 89 different things like some people do and particularly mature students might have done all sorts of  
 90 things and I don't want the next 30 years of being a consultant to be all clinical work I want  
 91 something that's going to be stimulating and challenging in a different way and I just find teaching  
 92 such a rewarding experience and there's such a variety of ways to go with it and I want to..

93 Cos your going to be a consultant quickly aren't you in psychiatry

94 I should think they'd appoint you tomorrow if they could

95 They would and I'm doing a single CCST and its only 3 years and 3 months of that I was on maternity  
 96 leave and that counts so I've only got one year to go and I'll be only 30 which seems quite young  
 97 really.

98 Ok, that's really useful. Was there a particular reason for doing the Winchester programme? I guess  
 99 it was just up the road but I wondered if you did look at any other options?

100 I didn't really when I started my first SpR job I did a locum with Janet Dowd in Fareham and Rosie  
 101 was working there as well and when I started Janet was off sick and Rosie was my supervisor and she

102 was very helpful in giving me quite a lot of information about various things but one of the things  
 103 she gave me was information about the MA course at Winchester and I hadn't heard of it before but  
 104 that's really, I saw that and thought ok that's for me.

105 And you said you didn't have, did Rosie give you expectations of the programme or..?

106 Not really, I think she's done it but she didn't really..

107 Not in detail?

108 Tell me what to expect or, she said well here's some information, have a look at this, ,

109 But that's as far as it went?

110 There's 2 things apart from the philosophy of the programme that sometimes people have to  
 111 grapple with at the beginning, one is reading and one is writing and I wondered, are you a big reader  
 112 are you someone who..?

113 I've always been a reader of fiction my whole childhood was spent I think with my nose in a book. I  
 114 find it harder to read textbooks and particularly difficult to read the reading we have now but even  
 115 my strategy for revising for mrcpsych was to read the textbook and make notes on it and then read  
 116 the notes, so I am a reader

117 I've just got a feeling that might help a bit at the beginning even though as you say the reading is  
 118 somewhat different

119 I think I read, I always feel like I'm a little bit different to a lot of the others on the course and  
 120 perhaps, I don't know, perhaps I just kind of feel a bit different generally often, but I read things  
 121 quite differently and I tend to read it like it was a novel or something. I will read it through and try to  
 122 absorb the main points, where as I don't think that's a particularly good approach. I think people  
 123 read much more slowly and kind of underline bits and think about bits, but I'm totally, I can't bear to  
 124 deface a textbook, I don't know, I can't..

125 Well I share the same feelings I have occasionally underlined things and I've found it intensely  
 126 irritating when I've gone back to read it because the bit that stands out the second time isn't the  
 127 same bit so I find it actually gets in the way but some people do find it helpful

128 When you say you feel different to the others on the course

129 Well I don't know I think its just me I often whatever I do I kind of feel a little bit on the fringe of  
 130 things and I don't really know why that is but its always, I never seem to be quite fitting in and it  
 131 sometimes seems like they have a better grasp of concepts or a deeper understanding or when we  
 132 have discussions I can follow the discussions but I couldn't have made that point, if you see what I  
 133 mean, they'll come up with something that I think 'oh yes I can see how you got there' but I couldn't  
 134 have articulated that..

135 Its really interesting cos it doesn't come across at all in the group. Yyou appear to be very on the ball  
 136 and very in on the action, so that's interesting. I think that's one of the functions of the group to

137 some extent One person will make one connection another person will make another and you all  
 138 gain from it I probably said this the other week but you can't do it as a distance learning course.

139 No, no and the groups are just so helpful I can't emphasise that enough

140 What about writing?

141 I've always been a writer as well really. I've always liked writing stories and English homework was  
 142 the most pleasurable probably and freehand writing was good and essays at medical school were  
 143 never really a problem.

144 And Southampton is a medical school where you have to write some essays.

145 Do you keep a diary?

146 No. Praps, I used to, occasionally, but just... time

147 Do you write a lot in your portfolio?

148 I write a lot kind of in my work diary I write a lot and then I use that as a record to update my  
 149 portfolio I am the sort of person who will have a record of the things that I've done and I write a list  
 150 of the patients I've seen and diagnoses and that sort of thing. But I do write and I do find it easy to a  
 151 degree to put things on paper and to sit at the computer and to start writing and then I get to the  
 152 end and think 'not particularly happy with that' and then its really helpful to send it off to the tutor  
 153 and say 'I don't like this this and this and I want to be pointed in certain directions' and that really  
 154 really helps

155 Yes it does help but you're not someone therefore who sits at the computer staring a blank screen  
 156 and thinking I can't start

157 No and I'm also not the sort of person who can just write a draft. I don't really have much concept of  
 158 what a draft is perhaps. I have to write it as I want it to be and then kind of pull it to pieces  
 159 afterwards so I can't sort of say in this section I'll do a bit about that

160 You wouldn't write a structure or bullet points or

161 No. I tend to start with the headings. I'll look at the assignment and pick out the headings so I've  
 162 covered every aspect and I'll put the headings down in a list and just kind of fill in the blanks  
 163 underneath.

164 So you do have sort of an idea of where you are going

165 Ok So you've done a term. A module, and how does it feel so far?

166 As I said before I didn't know what to expect but I have been really, I suppose pleasantly surprised is  
 167 a bit clichéd, but its really caught my interest because I thought at the beginning I don't know how  
 168 its going to be and I don't know if I'll do more than a year and perhaps a year would be enough but  
 169 that's not how I feel at all at the moment I want to complete the 3 years and I want to get the MA I  
 170 just feel like I'm kind of right at the beginning and there's an awful lot more to discover and its.. You



171 now I can feel that the way I think is changing and the way I approach my teaching sessions is  
172 changing and I'm not sure that's something I'd really considered before.

173 Right, right

174 So essentially I went into it...

175 Well you said you wanted to teach better

176 Yes but I kind of never had an image of how that might be achieved and how the two would link  
177 somehow and now you know the reading and the assignments and the reflection and the  
178 deliberation on my own practice I think that's really kind of opened up a whole new area for me and  
179 I just feel like I want to do more...

180 And I'll come back a little bit more to that if we can but just tell me a more about how its been so far  
181 perhaps what's been particularly good, what's been difficult or not so good?

182 Um, I don't remember we didn't get oh we did we got like the course booklet for the first module a  
183 few months before we started and I remember reading it and thinking 'oh my goodness' and 'help'  
184 and we had to do a small presentation for the first session and I remember panicking about that and  
185 then I decided to order the book that was top of the reading list which was Pring and then I decided  
186 to try to read that which I think was a big mistake!

187 Perhaps we should put that don't read till you've been to a couple of sessions.

188 That was really hard and I just felt more at sea fore trying to do that rather than any better and then  
189 coming to the sessions has kind of brought it all together and having, as we were saying at the kind if  
190 debrief, having the piece of reading to do on your own and then coming back to the session and  
191 doing it as part of a small group and going over the chapter or the section and looking at what the  
192 author is actually trying to say I think that's really helped me to understand some of the key  
193 concepts so that's been really good.

194 So there was a point right near the beginning, there was starting out with a blank sheet but no  
195 particular fear,

196 No.no.

197 And then there was this bit where you thought 'oh my god'

198 Pring the module the presentation

199 And trying to think of something for the presentation was kind of scrabbling about and I didn't want  
200 to do, I think lots of people looked at, kind of when a consultant was disparaging, or teaching by  
201 humiliation and I didn't want to do that and I felt that people might do that. That was not something  
202 I wanted to do so I had to try to find something a bit different, for some reason I don't know why,  
203 and that was a bit of a challenge.

204 Well everyone's nice in psychiatry aren't they?

205 They were in psychiatry. They weren't so great in my house jobs but I haven't had bad experiences  
206 like some people had.

207 And so just looking at what's helped you said going through the reading, the group is helpful any  
208 other things that you'd pick out?

209 As I said having a tutor for the assignment having a draft and comments I think that's invaluable it  
210 just points me in the direction that I need to go

211 And it is amazing how they develop

212 Oh its really really amazing. Kind of I can cut a lot out and put more in I've had Colin both times and  
213 its not Colin saying well this is rubbish you need to say this perhaps looking at this piece of reading  
214 or that piece You know it is about me developing it and not about me scrapping things And that's  
215 really encouraging,

216 It sounds like its quite rewarding

217 It is and I feel like I'm getting somewhere with it, you know, reading bits that I wouldn't have read  
218 and thinking about ideas. I find it really strange because I kind of think well I've got no ideas and  
219 suddenly I've got quite a lot of ideas and as I read the thoughts come and seem to make sense.

220 And just thinking about what's been difficult in the first term you said Pring

221 Just ..I thought Pring was difficult and then we had Carr!

222 And then Pring was easy

223 Not bad at all. I think its just coming at it from a different mindset and not, its not like reading a  
224 textbook on psychiatry where I'd expect to understand everything. I have to read these articles and  
225 books with the expectation that I'm not going to understand it all but its about kind of gleaning the  
226 concepts and trying to understand what the author's trying to say. I found Pring very wordy and  
227 quite repetitive at times but in a way that's a good thing cos it gets the message home and p'raps  
228 what I wouldn't understand from one paragraph he would then reiterate later and I would pick it up  
229 from there.

230 Yes I think that's right I think it is this letting it flow over you bit whereas when you read a textbook  
231 in psychiatry, general practice or whatever you do really expect to know what they're talking about  
232 all the time don't you

233 I think its just realising that I'm not going to understand and get it

234 Or at least first time and going back

235 It is about going back that's exactly right and going back you see a whole lot that you didn't see the  
236 first time.

237 That right and that keeps happening.

238 So you said a bit about its already had an influence on you as an educator as a professional. Tell me a  
 239 bit more about that.

240 I just think I'm (pause) I mean a lot of it comes down to the assignment I'm doing at the moment  
 241 really and thinking about that but before I was very kind of didactic in my teaching but I would have  
 242 sort of aims for the teaching session. I would have a topic for my teaching and I'd want the students  
 243 to learn what they might need to know to get them through their HO year or whatever. And its more  
 244 about I think I feel that I want to know more about what they want and to find out where they are  
 245 and to find out about their experiences and to try and help them relate their experiences to the  
 246 knowledge that I want them to gain. So its more about being student-centred I think than me saying  
 247 well this is what I want to get across which possibly wasn't particularly helpful for them.

248 So in a sense your view of what constitutes a teaching session has changed

249 Mmmm. And I think (pause) I'd never really sort of thought about that before and I don't know if I  
 250 ever would've because the way that I've kind of learned to teach has always been that way. I haven't  
 251 ever been taught in a particularly student-centred way and it was always you come to the teaching  
 252 session, there's the topic, there's the facts, you might get asked some questions.

253 So in a sense you were mimicking what you'd had done to you

254 Yes and I'd never really questioned it

255 Has it changed your view of professional practice, professional development?

256 That's a hard one. Um I don't know, its made its kind of made being a professional seem more of a  
 257 responsibility because we are responsible for kind of indoctrinating these new people into the  
 258 profession and they have to learn, its not about knowledge its about them learning how to be a  
 259 professional and learning how to make a morally informed decision and right, whats right and good  
 260 that sort of Carr thing and what before was kind of simply I'm going to teach the students is now  
 261 kind if looking at the whole, helping them to become professionals and as professionals in medicine  
 262 we share that responsibility and I think a lot of people aren't even aware that that is what we're  
 263 trying to do. I mean obviously they're teaching and that's fine, I mean I certainly hadn't thought of it  
 264 in that way and I think it's a bigger responsibility than perhaps we see. And you know if they're  
 265 rubbish then its our fault really. And that has implications for patients and such things as  
 266 communication. People learn by experience and also by observation and hearing the way that I do it  
 267 and if you're learning from someone who's not doing it well you're not going to do it so well.

268 So its changed your attitude in a sense to teaching as well as the way you do it and your view  
 269 perhaps of what teaching is. What about you as a professional? Has it changed the way you think of  
 270 your own practice or think of yourself as a professional?

271 I don't know that it has yet really I don't know

272 It doesn't have to have don! I just wondered if that thinking about professional practice had made  
 273 you think of yourself slightly differently or?

274 I just I guess I am kind of very self-aware, I don't think that's really changed.

275 And has it changed in any way your thoughts about being a doctor or the things that happen to you  
276 as a doctor I mean we get all these protocols and targets and ..I wondered if it had changed the way  
277 you view things like that?

278 Things like that have always been a frustration really and kind of almost impeding what we do and I  
279 guess its perhaps more clearly feels like it takes away some of your professionalism because anyone  
280 can follow a protocol like a set of instructions but at some point being a professional you have to  
281 make a value judgement and if you can follow the protocol and come to an outcome then there's no  
282 judgement involved and I think you know its sad and I really ought to give more time to protocols  
283 and to be more aware of them and read and absorb them, but I don't.

284 Why do you think you should?

285 Because they're there for a reason aren't they. They're there to guide our practice and they're there,  
286 it's a safety net. If something goes wrong you can say 'well I followed the protocol'. But if you  
287 haven't read it or adhered to it you can't do that. You can say 'well I made a judgement and I did  
288 what I thought was best at the time' but that doesn't really stand up quite so well, I don't think.

289 Well it may not in court, that's true! I just wondered if the way you... it sounds like you feel pretty  
290 much about protocols now as you did at the beginning. Would you have been able to articulate your  
291 feelings in the same way do you think?

292 No, no not at all. And that's another thing that I've written about in my assignment that coming to  
293 say 'what is this a case of?' I couldn't have articulated what my thoughts are, now, you know I  
294 probably had those thoughts, at some level, but not consciously enough to kind of bring them to the  
295 fore and think about them and reflect on them and then put them on paper. I think that this course  
296 has helped me to gain a deeper understanding or ability to reflect and consider things.

297 So you felt frustrated with protocols before, you still feel frustrated but perhaps now you know why

298 Yes that's definitely right

299 And you can talk about why rather than just feeling frustrated. We haven't taken the frustration  
300 away unfortunately!

301 But you know just everything about targets and its all paperwork and it all takes time and I just feel  
302 at the moment particularly as an SpR there's so many other things to be doing. You know 'I've got to  
303 do x y and z for my RITA' that I'm not spending enough time on clinical work as it is and time taken  
304 away for protocols and targets and offering patients a choice of appointment times is all taking away  
305 my time for seeing patients which is really what I want to be doing and what I should be doing.

306 And just thinking about for example your RITA you have to do as you say x y and z for your RITA how  
307 do you see that as a process of professional development?

308 I think its really useful and I think if we didn't have it things would get quite lost. At the same time  
309 there are aspects that I feel quite dictated to and things that they want me to do that I just think  
310 well, I'm not interested and I don't want to do it but I have to do it so I'll do it and I'll make the best  
311 of it but I know what I want to do and I know what I don't want to do but I have to jump through  
312 these hoops.

313 And do they help you as a professional or is it just a case of ticking the boxes?

314 I guess.. I mean what I'm thinking of is CBT they've got a bee in their bonnet about CBT and I have to  
 315 do a CBT case and its really not my thing at all. I don't get on with..Umm I can see the value of CBT  
 316 and I think its fantastic for patients but its not the way I practice. I think it will give me more insight  
 317 into how it works but at the same time I don't know if I'm the best person to be giving CBT to this  
 318 patient because I don't really know what I'm doing and it makes me feel the same way I did when I  
 319 was an SHO doing psychodynamic psychotherapy that it was a total waste of time because I had no  
 320 idea what I was doing and the supervision sessions were equally as bizarre as the sessions seeing the  
 321 patient.

322 (Laughter)

323 It was all just gobbledygook to me.

324 Does that come back a bit to your desire to do things properly?

325 Yes very much so.

326 I feel quite lost.

327 You're not going to do CBT properly so why do it

328 You know, who's it benefiting that I do it at all if I'm not going to do it properly . I havn't got the  
 329 time. I need to do a CBT course to do it properly and I don't know how long that would take or  
 330 where to access one or ..and I don't see why that's my duty to do that. Its not something that I'm  
 331 going to use in the future particularly.

332 Yep. I was just coming back a bit thinking about what you were saying about teaching the medical  
 333 students and it being a moral responsibility and the holistic view of them and I just wondered if you  
 334 saw that moral dimension within your own practice any differently now? I'm sure you've always  
 335 seen psychiatry as a moral undertaking...

336 Definitely. I don't know if I see it any differently because my kind of ethos really, my whole point of  
 337 doing my job, is to do what I can for the patient and the family and kind of do the best that I can. Its  
 338 not about treating people. Its just about helping them deal with where they are at and make it easier  
 339 for them if possible and help them to go through these difficult times and I think that's always how  
 340 I've seen my job and I don't know, its perhaps made that a little more clear to me. The reading we've  
 341 done about professional practice and the moral aspects of it and the judgement aspects of it and  
 342 you know I think a lot of that has been taken away from us and is being taken away from us by the  
 343 targets and protocols and what have you. And perhaps doing the MA, beginning the MA, has made  
 344 me see more clearly that what I'm doing is I think right and there is a background, a basis to what I'm  
 345 doing. I'm not just kind of acting as an odd person this is actually what I'm supposed to be doing.

346 So its made you feel more confident you're not necessarily doing it any differently?

347 Yes

348 You feel more confident about why

349 Yes

350 I mean I guess psychiatry a bit like General Practice is, when you come from that background it must  
351 come as no shock to discover that professional practice is messy and unpredictable and swamp  
352 like..so do you think that having that background makes the material on the course, the philosophy if  
353 the course, a bit more accessible perhaps than if you'd come from a surgical background or  
354 whatever,

355 I think perhaps it does and I guess its about kind of living with that mess isn't it and doing the best  
356 that you can in that circumstance and often there not being a right or wrong and I think that's  
357 something that we live with every day in psychiatry and it has made it easier to comprehend some of  
358 the aspects, talking about professional practice and ..I think that would have been harder coming  
359 from some kind of practical specialty, like anaesthetics, where you do this this and this and then it  
360 happens. Where as in psychiatry its kind of well I'll try this and perhaps that might happen I'll just  
361 see what happens, I'll give it a go.

362 You don't expect to know

363 No

364 And has that changed in any sense how you feel about being in that messy uncertain world of  
365 psychiatry

366 I don't know if its changed how I feel about it I've always been quite comfortable with that, I don't  
367 know if its changed. It certainly hasn't made me more uncomfortable, which is a good thing!

368 Laughter.

369 Ok. Um. How have your colleagues reacted to you doing the programme? Have you shared your  
370 thoughts about it with them at all?

371 I don't really

372 You don't have colleagues?

373 My consultant is wonderful and supportive and has no idea at all about what I'm doing! And I  
374 haven't really kind of gone into that with him. I don't know, I don't know what he'd think of it, I  
375 don't know if he'd be open to the concepts or not really. As an SpR I don't really see my SpR  
376 colleagues often. I work at the team base in Havant and there's just me and Martin and the  
377 community team there. There's no other SpRs there. I've met with them once at a meeting but  
378 there's no...

379 You don't get chit-chat, shame... and do you have any concept how doing the rest of the course  
380 might influence you in the future? That's a fairly..

381 No, I really don't but I can see how far its influenced me at the moment and that's only after one  
382 term so I kind of have expectations now that I will change further and my thinking will be influenced  
383 further and my practice will change, my outlook will change.

384 Has it changed you do you think outside your professional wok? Has it changed the way you view the  
 385 world at all?

386 Its made me panic about sending my boys to school!

387 (Laughter)

388 I just oooh. I don't know there's all this about education and how important it is and I know that but  
 389 its really brought it home to me that they need to be educated in the right environment and the  
 390 thought of finding that environment just absolutely freaks me. I just don't know what to do for them  
 391 and I really don't want them to go to private school and...

392 You want them to have that experience that you've had

393 I want them to learn about life. They're not going to see the whole picture if they go to private  
 394 school but at the same time there's all this unrest and bullying children being disruptive and peer  
 395 pressure.

396 Its not easy is it?

397 No I don't know...

398 So its made that decision a bigger decision in a sense?

399 Yes cos I've got more idea, I think, of what I'd hope for them to achieve. I don't want them  
 400 necessarily to be bright and academic, or whatever, but I'd want them to ....learning is about growth  
 401 isn't it and being a more rounded individual and I'd want them to get that out of their experience  
 402 more than maybe academic things. But I don't want them to have a negative experience and I think  
 403 that's really a worry and I haven't got he power to prevent that ... and whatever choice I make is  
 404 going to have a big impact.

405 It is a very scary decision its potentially the biggest or one of the biggest decisions that you make as  
 406 a parent

407 Mmmm and I don't know where we're going to be living .. I don't know.. and its only, less than 3  
 408 years

409 Any other influences on the rest of your life?

410 No, its, its... I'm so busy. My life is, I always feel like I'm running and I never kind of stop to look, I'm  
 411 always running from one thing to the next.

412 Not much time for reflection?

413 Never, ever. And its almost I don't know, given me a chance to think about that a little bit more and  
 414 you know I have got to do my assignments I have got to go and shut myself away and write and  
 415 reflect and perhaps its just given me a bit more space. But its also nice to have something that I'm  
 416 doing that's not work and not just being a Mum because especially just coming back to work. My life  
 417 was so, being at home for a year, was quite hard really especially with twins and especially with  
 418 Steve being home as well I think that was a real strain on our relationship spending that much time

419 together. And it kind of all got a bit narrowed. My focus was very narrowed and I was Mummy and  
420 that was it and suddenly I've got this whole dimension that's completely different and its really kind  
421 of opened my horizons again, which is good.

422 Tiring and busy, but good?

423 Do you have any particular hopes or fears about the rest of the programme?

424 Pause. I wonder how I'm going to write an 8.000 word assignment!

425 It's a bit like a 2000 one but you keep going! But, that's a significant piece of work isn't it?

426 Yes. So I'm kind of approaching that with a bit of an open mind. See how we go.

427 And it is actually really helpful to have students who have already done a year because I can get their  
428 views and they say that its actually easier to write an 8k assignment because you're not trying to cut  
429 it all the time and limit what you're saying so that's a really interesting point of view. I just hope that  
430 it continues in the same vein really and that I can take on board the ideas and the concepts. I don't  
431 think it worries me. But I just want to be open and to take what comes and let it change me and not  
432 have preconceived ideas.

433 That's brilliant. Anything else you want to mention about it all?

434 No, its just, as I say I didn't know what to expect but its been really really a good experience

435 Well I hope it carries on being so good,

436 Oh so do I. I'm sure it will.



## Ellen

Consultant in Reproductive Medicine. Started MA programme 4 years (?) previously and completed Compulsory Module 1. Began Optional module (Curriculum Planning) but left without submitting assignment.

.....

1 Introduction to project, ethics, method, anonymity etc

2 I appreciate it's a while since you did the programme and you may not remember all of it, but lets  
3 just see what comes out.

4 So the first thing I wanted to ask you just to run through was really your experiences up to when you  
5 did the Ma, so what sort of school you went to, what sort of school, those sorts of things so could  
6 you just kind of talk me through that bit..

7 Ok so ordinary comprehensive school and moved around a lot in fact. Dad was in the airforce. So I  
8 went to a lot of different schools. I went for example to 3 separate schools so that was a bit of  
9 upheaval but that was my life as I knew it. My parents did consider sending me to boarding school  
10 cos that's what a lot of service families do but decided they didn't want to. I'm glad they didn't  
11 because we had a proper family life. And then I went to Bristol medical school where I did the first  
12 MB, the premedical course because I had done arts A levels not science, though biology, so I did 6  
13 years at medical school instead of the usual 5.

14 Ok so just go back to the schools a little bit. So which A levels did you do?

15 I did history, english literature and biology. And I did General Studies although my husband says  
16 that's not a real A level.

17 Its always debated isn't it?

18 Its only because I'd have 4 and he'd only have 3!

19 (Laughter)

20 So that's, that's interesting. It gives you a slightly different background to many people who go to  
21 medical school, um, and it means that you wrote essays, presumably?

22 Yes. I started off doing Fench A level as well because I didn't want to give up French but it was just  
23 too much work and I didn't keep it up after the first term. So yes a lot of essays.

24 Yes and a lot more reading than you would have done in pure sciences as well. And do you think  
25 that, that changing schools must have given you a range of experience of education. What was it  
26 like?

27 I think it made me very flexible I was just used to upping sticks and moving on. I did my first year in  
28 secondary school in Oxfordshire and then we moved and we actually lived in Cyprus for 3 years and I  
29 went to a service school in Cyprus which was excellent, really good facilities, big sports facilities.  
30 Loved it there. And then moved back to the UK and did my 5<sup>th</sup> and 2 6<sup>th</sup> years in the UK and that was  
31 when, when I came back I was ok , it was the end of what was the 4<sup>th</sup> year then, its all changed now

32 hasn't it, so I was half way through my GCSE syllabus and it didn't really matter in a lot of things, it  
33 just sort of seemed to pan out, apart from chemistry and chemistry they seemed to have started  
34 from the opposite end of the syllabus and so they'd done everything I hadn't and vice versa. So it  
35 was a real struggle but I'm very stubborn and I can remember the chemistry teacher saying he was  
36 going to double-enter me and put me in for CSE as well and I wasn't having any of it – I didn't want  
37 CSEs thank you very much! And I said to him, I'll be fine, I'll get it and he said you should do it so I  
38 made a deal with him and I used to miss my PE lessons, which I loved, and go and do extra work for  
39 chemistry and I got a B

40 Oh well done!

41 So I proved my point. I was adamant I wasn't doing it, so you know. But other than that it worked  
42 out.

43 So when you decide to do something you do get on with it!

44 So interesting background really and also actually going to a comprehensive school as well because  
45 you know although there's all this widening access now a lot of people who went to medical school  
46 previously would have come from grammar schools.

47 Yes um the area we were in at the time didn't have any grammar schools so nobody did the 11+ so  
48 that was that really. My parents were certainly never in a financial position to send us anywhere else  
49 um so but I, I think I was lucky, certainly the first school I remember as being a very good school and  
50 as I said the service school, well I would suspect strongly that service schools get a lot better funding  
51 and attract different teachers because of well you know, 3 years in Cyprus..

52 Yes quite pleasant!

53 Yes so it was um good and then my final school was a very big comprehensive with a 6<sup>th</sup> form in a  
54 smallish town in Wiltshire, don't remember having any particular problem. I obviously came out with  
55 good grades which is what matters.

56 Oh absolutely. And at what point did you think about doing medicine then, (Ellen giggles) because  
57 presumably you weren't planning that when you chose you're a levels?

58 No. You'll laugh when I tell you this. No, I was going to go into nursing. And I had a place at Charing  
59 Cross to do a nursing degree which was a fairly new thing at that point and I guess because I was  
60 bright and expected to get good grades was pushed towards doing something better than the run of  
61 the mill and one day, we were just into our, just started our lower 6<sup>th</sup> and the careers teacher said to  
62 me 'oh come along Jacqui we're going on a trip to Bristol University Medical school. You want to be a  
63 nurse, its all very similar why don't you come with us?'

64 And I thought, a day off school,

65 Its all to do with patients!

66 (Laughter)

67 And found out about this premedical course and thought 'oh I could do this with my background'  
68 spoke to the teachers who said 'great' because it was a great accolade to get people into medical  
69 school, my parents were very supportive and just decided that's what I'd do and I certainly had no  
70 idea what it entailed. I didn't have anyone medical in my background. I knew nothing about it I just  
71 thought 'oh yeh I'll do this' Worked hard got the results and that's what I did really so...

72 So real serendipity

73 Yes It was, it was...fate. I think it was just what I was meant to do. But you know having analysed it I  
74 think I'd have made a terrible nurse. I'm not a box-ticker and I think, the sort of, nurses are trained  
75 and taught in a very different way to us and this very much sort of filling in boxes and filling in rules  
76 and doing everything because you have to do it rather than thinking about why you're doing it which  
77 maybe is changing now but if you think this was 20 + years ago that I even went and started my  
78 training that it was very different attitudes then. I think 'well I'd have been terrible at that cos I'd  
79 have fitted the box really'.

80 So it was the right

81 I can't imagine doing anything else.

82 So how was it when you got to medical school?

83 One of my first and lasting memories which fits in with you saying about the grammar school vs  
84 comprehensive background is meeting the, you know when you're a fresher and you have lots of  
85 events and you meet lots of people, and everyone asks everyone else about their A levels cos that's  
86 what we've got in common and I can just remember one terrible plummy girl 'Oh what do your  
87 parents do?' Dad's in the Airforce, and my dad wasn't an officer, Mum works in, has a clerical job.  
88 'Oh' she said 'you havn't got anybody in medicine?' So I jokingly put in well my Gran worked in an  
89 old people's home, tongue in cheek and she said 'oh havn't you done jolly well?'

90 Cos she came from a background with medical parents and this was the expectation. That really that  
91 was that, was you know, right in the first week.

92 And did you find that was the expectation of other people? Or was that a one-off.

93 No no I think it was a one-off. Although it certainly was people with a different lifestyle than I was  
94 used to but I was on the premedical course and there were only I think 15 of us so my first year we  
95 were in a very small group and we were very varied backgrounds. One of the people in the group  
96 was a nun who was a physiotherapist by training and had gone into a closed order and then had  
97 been sent to train as a doctor. And she was, well I'm still in touch with her and she's in her early 60's  
98 now, so she was in her late 30's when she started and she's an absolutely wonderful, lovely, lovely,  
99 person and had she not, you know she used to wear her wimple until we went onto the clinical side,  
100 when she felt it wasn't fair and had she not worn that you wouldn't have known she was a lovely  
101 lovely... and we had all sorts we had um an ex RAF pilot we had another girl who'd just come from  
102 school like me, kept changing plans, we had a girl who was a psychiatric nurse who wanted to  
103 change the world of psychiatry and decided the only way she could it was to train as a doctor so a  
104 very mixed bunch.

105 A very diverse bunch

106 Yes and that was interesting, especially as a very naive 18 year old going away from home for the  
 107 first time I suppose I was led into it very gently being in that small group. I struggled hugely with that  
 108 year because I didn't have the physics background as I said chemistry was something I'd already had  
 109 to work hard just to make the grade and it was very difficult and I felt very much that we were being  
 110 taught by university lecturers who were teaching undergraduate scientists who had no idea how to  
 111 put these things across to people that didn't know what they were talking about, they really didn't,  
 112 and I failed my chemistry cos I did chemistry and physics because I'd done biology A level I didn't  
 113 have to do that one, that's why I had less to do. I failed the chemistry to start with and had to resit it  
 114 but I'd met a really nice chap who really gave me huge amounts of help and got me through it just by  
 115 grim determination I've never used it so it was a means to an end really.

116 And how about after that year how did things go?

117 Um I guess it was different having already done a year at university to then be with first years you  
 118 know we'd done all that kind of bit but again its quite a diverse group isn't it and again it wasn't so  
 119 popular but a lot of people from those types of families and that had gone and done gap years so  
 120 they were the same age as me but it was nice to be getting on with what I wanted to do.

121 What was it like, was it interesting educationally? It must have been a different sort of thing that  
 122 you were being asked to do after your arts based A levels?

123 Yeh Um a lot of rote learning

124 Yes

125 But then I've always been a bit of a rote learner so even with the arts type things there's still lots of  
 126 things that you just learn and regurgitate, you know at school level that's a lot of what you'd be  
 127 doing, or certainly we were. Um I found it very hard going it was a huge amount of work I mean um  
 128 there were a lot of subjects, you'll remember yourself, had lots and lots of time off, lots of time for  
 129 private study, we were basically time-tabled for the whole week apart from the regulation  
 130 Wednesday afternoon so it was a slog, it was a slog. I've never been a particularly academic person  
 131 and I'm not someone who is just naturally right and just flies through it I just have to work. I always  
 132 describe myself as a plodder and I always just got there because it was what I wanted to do so..

133 And you that feeling of it was what you wanted to do stayed with you?

134 mmm..couldn't tell you why..

135 But it did

136 Mmm

137 Cos of course we don't you know it was 3 years before I went anywhere near a patient but I did in  
 138 my holidays, my parents were back in Cyprus by this time, and I used to in my holidays go and spend  
 139 time at the hospital and things. My Dad had spoken to people and said 'my daughters a medical  
 140 student,' 'oh bring her down' so I used to spend time there which was really nice.

141 So that would have given you a kind of view of where you were heading?

142 Yes yes Although a service hospital is a very different environment cos they're dealing with a very  
 143 specific population really, but I think it just kind of helped keep me thinking well it is worth keeping  
 144 going, this is what I want to do.

145 And after that what happened in your medical career?

146 Nothing specific. I didn't do a degree in the middle I just went straight from preclinical to clinical I  
 147 was just hugely relieved to have got that stuff over you know moving on to what seemed to be  
 148 important um I do often feel that an awful lot of those things that we learned we could have easily  
 149 got by without doing, I don't know how you... You've got to have a core knowledge haven't you so I  
 150 suppose you've just got to go through it and then use the bits that you need and there's probably  
 151 some areas where I'd have done better if my knowledge and understanding had been better but you  
 152 now you just...

153 It is a real dilemma isn't it?

154 So you enjoyed your clinical years, you qualified, what next?

155 Um - got married, got married. I did my first house job in Hereford which was a good old 1 in 2  
 156 which nobody has ever heard of any more and was um I went, that was one thing in my clinical years  
 157 I went to Kenya for 3 months for my elective and I think learned more about clinical medicine than I  
 158 did in the rest of my training, because it was off you go there's the patient, do this so that was a  
 159 huge education in itself, then did my medical house-job very very busy house-job but you know  
 160 that's where I think we learned our trade and where, I don't think they have those hours in their  
 161 training now and there needs to be a balance somewhere in the middle I think. Then went back to  
 162 Bristol and did my surgical house-job, decided I wasn't going to be surgeon that wasn't me at all, I  
 163 did 3 months in surgery and 3 months in radiotherapy which classed as my house – job. Really  
 164 enjoyed the radiotherapy so decided to go back as an SHO just cos its good all round medicine really  
 165 and wanted to be a GP, always wanted to be a GP all the way through and my husband was training  
 166 as an accountant and our game plan was that once he'd qualified we'd go to New Zealand where  
 167 they had offices and have a sabbatical when we were young before we had a family but um he then  
 168 decided he didn't want to be an accountant any more and went into the training side of it.

169 So you didn't get to New Zealand.

170 No we didn't get to NZ but because we were planning on it I decided not to join a vocational scheme  
 171 and just kind of make up my own because then I could just dip in and out and found that I absolutely  
 172 loved obs and gynae and decided that was my niche and I wasn't going into General Practice after all  
 173 so that was really finding something I really liked ,

174 So how much Obs and Gynae did you do?

175 Oh I did a lot. Um When did James is 12 so I did 2 years as a reg before I had him, so I went into O&G  
 176 16, 17 years ago and I've been in Ella Gordon for 8 years so I did about 8 years..

177 So you did a lot of the 'proper' Obs and Gynae if we might say..?

178 Oh yes, we did long hours..

179 And operating then? Having said you didn't want to do surgery you ended up in a..

180 That was clearly my downfall because I'm not made of surgeons stuff. I think you have to have just a  
181 little pinch of bravado in there, I don't think I've got the right psyche to be a surgeon and that was  
182 my stumbling block really and what I think, what I don't know I could have probably done it if I'd had  
183 the right support, that sounds like I'm blaming someone else for not having done it and I think the  
184 way I've gone is exactly right for me. It was a very difficult decision at the time but I think it was still  
185 very much a male-dominated world and I'd chosen to, I'd started to have children by this point and  
186 had periods out and then gone back to work part-time and had come into contact with individuals  
187 who were my trainers who really I think felt that it wasn't something for women to do part-time  
188 with their children and that if we did then we couldn't really be fully committed to it so they  
189 weren't really pushing the boat out trying to give me the support and experience, so it was a  
190 combination really as I said I may not have achieved it anyway.

191 But it wasn't a tremendously supportive environment anyway?

192 No it wasn't

193 So you did quite a lot of, you did exams and things presumably?

194 Oh I've got my MRCOG in fact I got my MRCOG before I had my first baby because my game plan  
195 was a career in O&G and I felt I needed the exam under my belt before I started having babies and  
196 so on. I thought I'll drift and not do it. So yes I've got my MRCOG in oh '95 having done I suppose 3  
197 years O&G.

198 So then you were a registrar and was that in the senior Registrar days?

199 Yes it was so I was a fulltime registrar for 2 years prior to having my first baby and had SRs above  
200 me, well I didn't actually because I worked in a District General...

201 But you would have theoretically have.

202 But by that time I'd already done 2 years as an SHO and a year as a senior SHO so I was already  
203 working with indirect supervision but I think my obstetric experience was always very sound and it  
204 was my gynae operating that was where I had the gaps and it just became insurmountable really.

205 And so you decided to move into family planning?

206 Yeh, that came a bit later, I still carried on. After I'd had my first baby I went back to work part-time I  
207 got a clinical assistants post and I worked with a consultant that had actually been my SR when I first  
208 went into O&G so knew me quite well. Sat me down one day and said Jacqui I really think you should  
209 consider getting a training number and getting back onto the training ladder because you're wasting  
210 your capabilities in this and I think that you need to do more, so pointed me off to BC do you  
211 remember BC?

212 Oh yes

213 Because I was in Bath at the time which was still part of Wessex and gave me a training number  
 214 because that was really in the days before they were hard to get.

215 Just gave you one?

216 I feel really embarrassed now – here's a training number! Here's the funding – off you go, where as  
 217 now people battle but it was different then wasn't it? So I had a training number at which point my  
 218 husband's company moved and he had to we moved to Basingstoke well. near Basingstoke,  
 219 Wokingham and I took my training number and my funding to Basingstoke, who of course were  
 220 delighted to have me because I had a lot of experience and I had funding and I was really excited  
 221 about this and that was the place where I didn't.. my training ground to a halt and I worked for a  
 222 chap who was terribly nice but just kept saying there, there we'll get it all done and I was saying 'I'm  
 223 not doing this, I should be able to at my stage of experience' and it was a no win situation so I got  
 224 very disheartened and actually decided at one point that I was going to give up medicine entirely  
 225 because I couldn't see a way out of it. And I had a very supportive husband who said that's fine and  
 226 decided well if I have to stack shelves in Tesco's I was very, very unhappy so I went and had another  
 227 baby because that was a good way because I didn't have to think about it for a while. I went back  
 228 after maternity leave and hey presto it was just as bad as it had been before! So I went again and  
 229 saw BC who was absolutely wonderful, I mean that woman was a real keystone in my career changes  
 230 because she said 'well have you thought about community gynaecology' and I said 'I've never heard  
 231 of it, what's that?' and it was a very new sub-specialty at the time and she said 'well what you're  
 232 telling me what you want where your skills are, where your weaknesses are this would sound to me  
 233 like a good direction to go' but she said 'its very new I don't know a lot about it you'll probably have  
 234 to set up your own training programme' so I went away feeling excited on the one hand that there  
 235 was something for me. I was in a real dip and the thought of being proactive and actually organising  
 236 something for myself was more than I could do, you know what I mean, it was just like everything  
 237 was so... and then about a week later she phoned me and said 'oh its really interesting I've just been  
 238 speaking to Sarah Randall who is desperate to find a trainee because she's got funding to set up a  
 239 training post and I've told her about you and she'd like to meet you'. So again it was a bit handed on  
 240 a plate to me which is slightly embarrassing.

241 Well no I don't think you should feel

242 So I came down to Portsmouth and saw SR in the little old hut we used to live in and she said 'when  
 243 can you start?' and it was just like oh

244 Gosh

245 So um I just had this huge turnaround at one point. It was a very hard decision - I've kind of glossed  
 246 over it but it was I loved obstetrics but I couldn't be a pure obstetrician unless I finished my gynae  
 247 training as well and there's very few of them and it was a huge - if I make this turning now its really  
 248 no going back because nobody is going to take me seriously if I dip out and then I say well I've  
 249 changed my mind I really want to do this you know it really is so it was a long hard decision and lots  
 250 of soul searching and in the end I decided that was what I was going to do.

251 And from the point of view of people you'd been working with it would be seen as a downward  
 252 step?

253 A downward step

254 The loss of kudos, of status? From their point of view, that's what they'd feel.

255 But I did have a very supportive consultant there she wasn't the one that I'd been working for  
 256 clinically but she was the educational supervisor, you might know her.....CW.. and she was absolutely  
 257 brilliant. Went back after baby number 2, my confidence at a real low ebb, had a run in with one of  
 258 the consultants there who didn't see eye to eye with me clinically, and my confidence was really  
 259 knocked - he came in in the middle of the night and said he shouldn't have to come in with my level  
 260 of experience and I said I was concerned about my patient and he gave me a very bad time about it  
 261 which I think was completely unsupportive. So I'd gone to CW who was obviously caught because  
 262 she couldn't be not supporting her consultant colleague but was absolutely brilliant and took a lot of  
 263 time to help me move on with the O&G and then took a lot of time supporting me so she was great.

264 So it was tough really a tough decision

265 It was tough and I had 2 small children and I was trying to work and I had good support from her and  
 266 good support from BC and they were the people who ensured I didn't just throw it all away and not  
 267 bother which was fantastic and I'm really indebted to them. So I went through the mill but I have  
 268 never regretted the decision for a minute It was definitely the right decision and I remember S doing  
 269 my first appraisal and saying I had my doubts as to whether you could take this all on but a real  
 270 change of direction plus a long journey I moved in North Hampshire at the time plus the children but  
 271 she said you've just absolutely taken to it like a duck to water so..

272 So at some point then you moved a bit closer?

273 We moved here after we'd had Harry so 5 years ago cos with 3 children I said I cant keep doing this  
 274 and that made life a bit easier really so it was good, it was good so then I did my subspecialty  
 275 training and then I, I didn't dither, I didn't want to be a Consultant at that point because um I just  
 276 felt I couldn't take that on with the children being so young, so I marked time. I worked as a staff  
 277 grade for a time and then we were all regraded and I worked as an Associate Specialist for a while  
 278 because when Sarah retired the game plan was for me to move into her role but I wasn't ready for it.  
 279 And that again was another big decision but the right one but then of course R didn't stay long and  
 280 my time came again So that's me in a nutshell really.

281 Hmm Interesting. Very interesting. And what about you getting into the education side? How did  
 282 that come about then?

283 Depends what you call education cos your definition and mine might be different! Me, I would talk  
 284 about getting into teaching.

285 Yeh that's fine.

286 And I hadn't done a lot of teaching when I came here. I'd done a lot of 1;1 teaching with midwives  
 287 and SHOs and that was something I knew I was good at because I'd got the patience and also the  
 288 feedback was you never mind obstetrics is always the wrong time and they'd always say you never  
 289 mind when its 4 o clock in the morning and we get you out of bed and you sit their patiently teaching  
 290 us how to sew up an episiotomy or something and I'd say that's because I know how it feels to get



291 out of bed with somebody who's stropky because that's the nature of our work and also if I sit here  
 292 and patiently teach you now and get you good at it there'll be a time when you won't get me out of  
 293 bed so that sort of teaching I'd done

294 So you'd always enjoyed that

295 Mmmm but nothing more formal

296 And when I came here S was in great demand for sort of lecturing and things so gradually thought I'll  
 297 pass over the reins so she'd say 'oh I've been asked to do a talk for so and so on such and such so  
 298 I've told them I wasn't free but you can do it'. Its a baptism of fire really and that's how I became the  
 299 HRT expert! So that's how I became...

300 But there must have been a reason why S turned to you rather than someone else?

301 Well I was her trainee

302 So you had to do what she said?

303 Yes and also because that was part of my package, part of my training, and we do a lot of teaching  
 304 for DFFP that sort of thing but gradually as I took on more and more one I got a buzz out of it and  
 305 found that I enjoyed it and I was good at it. I got good feedback and people liked my slightly informal  
 306 style. I just seemed to find a knack for knowing what people wanted to know and how to get it  
 307 across so but I never had any formal training and that was the point at which S steered me to  
 308 education because she said to me that if you're going to teach things are very much going the way  
 309 that you have to have some sort of formal postgraduate qualification in it and perhaps you ought to  
 310 look at that so that's why I...

311 And I wanted to explore that a little bit but the other thing that was just going through my head  
 312 when you were talking was that family planning community gynae it must be an area where teaching  
 313 is almost a part of it very much day to day I mean we all educate our patients if you like but teaching  
 314 in family planning seems to me to be a much bigger part of the consultation cos you have to teach  
 315 people how to use things don't you?

316 And of course I had huge gynae experience but when I came into this very little family planning  
 317 experience the J something the thing that came before DFFP was part of the entry requirements for  
 318 MRCOG so I'd done my theoretical course and my practical sessions in order to gain my qualification  
 319 but I'd never used it in my clinical practice so there was a steep learning curve for that but I guess  
 320 one of my strengths clinically and a doctor is talking to people and explaining things and that was  
 321 something I always found I never had enough time for, but you know sitting down with a patient and  
 322 explaining what's going on and what the options are why we're doing something, which to me is  
 323 teaching, was a very important part of my job and I think it was why obstetrically I was well regarded  
 324 by my midwifery colleagues. Women are frightened and vulnerable when doctors are called in its  
 325 because something's the matter and I always managed to have a knack to explain it and put people  
 326 at their ease and that to me was absolutely crucial and that was something that was hugely lacking  
 327 in some of my senior colleagues and something that I didn't like about the job.

328 And teaching other people about your subject was almost an extension of that?

329 Ok So you were starting to do some of this and S said 'Actually you ought to get a qualification in  
330 this'

331 So what happened next?

332 I'm a bit fuzzy around the details It was a long time ago now but I guess I looked into what was  
333 available and then I phoned up um whats his name c?

334 C.

335 Thank you. I'm not good on names. To say 'this is who I am and what I'm doing and why I'm looking  
336 for something and somebody has suggested to me that this is available' and again I just seem to  
337 have this history of things falling into place. I think there was funding that people couldn't spend fast  
338 enough as often happens 'oh yes you can have the funding' and it makes it so easy I think sometimes  
339 if things are easy you don't look into things so well for what you want to do and he was very very  
340 keen, as you can imagine, and the course wasn't full and it was literally about to start and it was 'oh  
341 come along, come along, come and sit in and see what you think and then just get on and do it' and  
342 it was a bit too...

343 So you sort of landed there without really having time to think well what sort of a course is this

344 Yes

345 Right

346 But I did explain very clearly at the outset where I was coming from and what I wanted and I thought  
347 it was going to give me that but as you know from our previous contact it wasn't what I expected it  
348 wasn't me um I wasn't, I wasn't the right sort of person for that course.

349 So tell me about that I mean I know from some of the things you said before but it would be helpful  
350 to have you say them now so tell me if you can remember you go in

351 Its very abstract, and very this is not a very good term so forgive sort of arty- farty I'm very much a  
352 practical give me reasons for this tell me why this. I suppose I don't particularly have an inquiring  
353 mind I take things very straight - these are the facts. We do this because, I'm very good at passing  
354 those on. I'm very good at explaining those but I don't really enquire particularly deeply as to why  
355 we do that, how we do that, what's the processes behind it. It doesn't appeal to the way I think.

356 You are more a doer? You want to do it?

357 Yes Yes

358 And I guess I thought you know ok I was doing it because S advised me that I probably needed to  
359 have some sort of postgraduate qualification if I was going to take this forward and that was fine I  
360 was probably doing the wrong course for the wrong reasons I think.

361 Yes so you weren't doing it from a desire in a sense I really want to know more about this or I rally  
362 want the stimulation you were doing it because somebody had basically said hey you've got to get to  
363 the end

364 And really truly, I think I realised quite early on that it wasn't my thing and I probably should have  
 365 said 'got this wrong not my thing lets give up now' but 1) you and I had long chats about this so I did  
 366 feel I had the support to say 'oh I'm struggling here yeh ok lets try different things' but also as I said  
 367 before I'm not a giver - upper and so its anathema to me to actually give up. I'm a completer-finisher  
 368 and so if I start something I finish it. I can't not do this because its giving up.

369 I don't give up

370 No and this is giving up so and so I just kept fighting plodding on. At least a module.

371 Is that how much you did? You did a module? I was trying to remember

372 And I went into the 2<sup>nd</sup> module

373 Yes

374 Um but I didn't complete that - Which is the one where you have to do the huge?

375 Yes, so you did a single module which I think is probably compulsory module 1

376 Yes

377 Which is quite theoretical and then there's a double module

378 And then we thought well we'll go into

379 Curriculum planning or something

380 Yes, curriculum planning

381 Cos we thought that might be a bit more practical but you have to do a very long assignment

382 And I got to the point where I thought I am going to have to give up so many hours of my time. 'Give  
 383 up' I conceived it to be giving up my time I wasn't enjoying it. It wasn't doing it for me I didn't feel  
 384 like I was gaining from it and I was literally going to be plodding away spending hour after hour to  
 385 get this assignment done, simply to tick a box because I didn't give up and at that point I just thought  
 386 'I can't do this' So I finished the module but I didn't do the assignment.

387 Can you you've said a bit about it can you say a little more about what it was like being there and not  
 388 liking it?

389 Did you discuss it with the rest of the group?

390 I discussed with one girl I can't remember her name now lovely girl she was tall blond She was a GP..

391 J?

392 J. And she was really into it and getting a lot out of it and really enjoying it and she was nice, we got  
 393 on well and had lots of talks together. But she couldn't see it. She couldn't understand why I felt like  
 394 I did I suppose. It was a really nice group. They were a nice group of people, they were an interesting  
 395 group of people and sitting spending the time listening to other people's ideas and that was actually  
 396 very interesting.

397 Right. So being there on a Friday morning wasn't actually horrendous?

398 No, no because they were a good group We had a laugh, we learned things from each other. There  
399 was that lovely lovely pathologist chap who had to stop temporarily because he was..

400 Oh – N.

401 N. Because he was sent off to Iraq

402 That's right.

403 There was P the chap who's wife was expecting ..we did build up quite a group connection. We were  
404 all dying to hear when she'd had the baby. We were all very anxious to hear news of N that he was  
405 alright. We built up quite a team spirit.

406 So you felt very much part of the group?

407 Yes, but I did - you sit there and look at it, listening to people's ideas and things thinking 'I just don't  
408 think like that' And is it cos there's something wrong with the way I think or am I stupid or do I just  
409 not get the point? But I think I just, I don't tend as a person to delve into the deeper meaning of  
410 things and I don't think that makes me a shallow person. I don't have a great need to uncover things  
411 I quite like to I'm very much in favour of EB practice, I don't mean on that side of things and I'm very  
412 much for pushing the 'yes but why do we do this and if there's not a good reason lets stop doing it or  
413 do it differently' You know the age of we do it because we do it is gone and I think for the best. On  
414 that level I don't mean I don't inquire. And I didn't feel it was adding anything. It wasn't giving me  
415 anything that was going to improve what I was doing.

416 Yes because presumably though you said you wanted to I mean your prime thing was well it sounds  
417 like I might need this I might have to have this and presumably you were looking for something that  
418 might improve

419 My teaching and it wasn't practical on that level for me

420 And I remember you found the reading difficult?

421 I was really bogged down in it

422 And everyone does find it difficult

423 Can you remember much about what that was like?

424 Pulling teeth!

425 (Laughter)

426 Do you know I took, I took in the first module, a weeks leave and spent it in Winchester library  
427 struggling through all this stuff because I thought 'I will not be defeated and I am going to get this  
428 and I'm just going to have to put more time into it' so I was very determined to finish it and I got a  
429 really good assessment for my first assignment.

430 And I was looking at it thinking 'why do they think this is so good?' its just I just don't think like that.

431 So you wrote the first assignment and did well It wasn't that you couldn't write?

432 No I can write

433 Because you're somebody that can write?

434 But I wrote it because I had to and I had criteria I had to fill and I wrote what was needed from me in  
435 order to achieve that It didn't actually mean a lot to me Does that make sense?

436 Interesting, so you could sort of deliver the goods?

437 Yeh yeh

438 But it didn't do anything to you inside?

439 I didn't think 'fab this is really brilliant and this is exciting and this is interesting and now I see what  
440 all this' .. it was just like 'phew I've done that' You know which is a shame really but there is no point  
441 doing something..

442 Its very interesting I think and one of the interesting things is that it didn't seem to connect with the  
443 teaching you were doing

444 No

445 Do you think looking back now that it has influenced you at all?

446 No, I don't honestly I very much approach my teaching in a very practical pragmatic every day sort of  
447 way and I think that you know the sort of feedback I get, and I teach all sorts of different groups, I go  
448 out to GPs, I do the GP Regs here and the sort of recurring theme is 'I know what they need to know'  
449 one of the comments said... you know how sometimes people don't know what they need to know  
450 because they don't realise they don't know it. I just seem to feel that I'd put my finger on the button.  
451 I go out to GPs and I know what sort of things they, and the reason I know what sort of things they  
452 struggle with is because of the sort of enquiries we get all the time and so I know what things people  
453 find difficult. I just apply it very practically and I go and tell them the things that I think they need to  
454 know.

455 So you take the things you've got from letters phone call and so and put that together

456 Yes yes. I go I tell people about every day. GPs don't want to go and sit and listen to research, they  
457 want things that are going to help them in their every day practice. Absolutely and so that is how I  
458 try to pitch my teaching you know and I try to make it very interactive so that people feel that they  
459 can but in and ask things that are important to them and I make sure that there's lots of time for  
460 questions. You know I feel that people need to go away feeling 'I learned something really useful to  
461 my practice and I got something I wanted' not 'oh that was interesting but..'

462 And why do you think that you do that? Where has that come from?

463 Cos that's what I want.

464 Right.

465 That's what I want if I go to a lecture or a conference or something. I want answers to my clinical  
466 dilemmas. That's what I want to get out of it. I want somebody who knows more about it than me to  
467 say 'oh yeh what you do with this is' Because then its useful to me. So I suppose that's where it  
468 comes from.

469 So you take what you want You take p'raps what you've observed works and do it and then I guess  
470 you've had good feedback so that reinforces Which sounds fine, Sounds good. Do you think I just  
471 wondered if any sometimes people say that doing the course has perhaps changed their view of  
472 being a professional or being a doctor. I wondered if although your experience was obviously quite  
473 short whether it had changed anything about how you view being a professional?

474 One thing that it made me think about in a concrete way, as opposed to, is the sort of tacit  
475 knowledge. It didn't give me any answers. You know there is a lot of what we do that is difficult to  
476 explain why do you do this and how do you know it well we just do Its experience and I think that  
477 there's a lot in medicine these days where that's being pushed aside and professional knowledge,  
478 experience, expertise, is being pushed aside for ticking boxes, following guidelines, and there's  
479 definitely a place for those but I also think there's a huge place just for people's gut feelings, if you  
480 like. You know a lot of contraception is not science there's a huge amount of 'well why are you doing  
481 that well cos it works cos I've done it before'. Do you know what I'm saying? So I suppose it made  
482 me think about that a bit more and perhaps feel a little more strongly about 'well, we've got to  
483 stand up for all this' and say we do have professional autonomy and professional. I realise that in  
484 these days you have to have the guidelines, they have become more and more rigid because of  
485 things going wrong and the public expecting answers and expecting us to be accountable and I think  
486 like a lot of things the pendulum swings too far. You go on making people accountable, you forget to  
487 let them use their brain and their common sense My husband's finding the same in teaching. I told  
488 him he would, you know meeting government targets, ticking government tick boxes and sometimes  
489 you could just scream with the inanity of it. Let me get on with my job without worrying about  
490 ticking these boxes!

491 And how do you live with that dilemma really of being a professional and making judgements and  
492 yet the protocols the rules

493 I do the job to the best of my knowledge and ability that's a bit inane really but I just always try to do  
494 the best for my patient I know that I have my knowledge and my skillbase has to be maintained I  
495 think its personal and professional integrity isn't it that I'm not going to do anything that I don't  
496 think is the best I can do for that particular patient

497 And if that contradicts the protocol?

498 I would never, I would never go off on my own tack doing things that other people, as long as its  
499 something that I know that other professionals of the same background and experience as me would  
500 back up and support and say yea this is the right thing to do then yes I would..

501 So within a body of experience?

502 Yea bend rules rather than break rules. But I think we all do that in our everyday life and you might  
503 as well get robots to do our job if we can't make decisions because people don't fit into neat little

504 boxes. They have edges and spikes and crinkly bits and you just have to do what is best. You can't fit,  
 505 there's always an exception to every rule isn't there? So it made me think about that a little more.

506 That's interesting

507 And any other aspects of it?

508 Not that I can

509 Its difficult to pull things out.

510 I was interested you said to your husband about what it would be like in school education so do you  
 511 think that you

512 My husband was very unhappy in his job He is a chartered accountant by training but from the time  
 513 he qualified he'd gone into the education side. He taught people for professional exams, he'd done it  
 514 for a long long time and become increasingly.. he loved that aspect of his job but he hated the  
 515 business side of it hated the bureaucracy hated the fact that people above him were only interested  
 516 in making more and more profit and weren't interested in what that meant to the students. I  
 517 suppose if you put the analogy of the NHS its bums on seats you know all this patient-centred NHS is  
 518 nonsense because you know actually they're interested in ticking boxes and reaching targets and  
 519 nobody cares whether Mrs Bloggs has got to travel a long way. You know its all those sort of things  
 520 and that's what he hated It was a huge change for us as a family to make this change, it had all sorts  
 521 of ramifications and I said to him all along 'teaching will be the same, be careful its not just that the  
 522 other mans grass is always greener because I can assure you that teachers have just the same  
 523 problems that we have in the NHS and they are just as frustrated at having to conform to you've got  
 524 to do x minutes of this x minutes of that literacy hour numeracy hour everything is very prescribed'  
 525 and this sort of professional oh I can't think of the word I want..professional

526 Professional judgement?

527 Yes making judgements with your innate knowledge and your making decisions because you know  
 528 it's the best thing to do and following your own Its been pushed out and yes he has found that side if  
 529 it..

530 And do you think you had that perspective because of having done the MA or was that from reading  
 531 the paper talking to teachers?

532 I think more from working within the NHS and seeing parallels and saying 'this is what its like for us'.  
 533 It's the same with his training, he was tearing his hair out, it was competency based training with  
 534 having to collate all his evidence and tick boxes and I said to him 'Dan this is what I've been doing for  
 535 years this is what my training was like and I know where you're coming from. Stop fussing about it  
 536 and just tick the boxes!'

537 You can't prove to people that you're competent by ticking a box. You know and I think the way  
 538 things have gone, well tick boxes. It doesn't prove you can do something. Well it really doesn't. I  
 539 don't think it's the right way to go but I don't know what is some sort of middle ground somewhere.

540 (J looks at interview schedule to review....)

541 Something that I just wanted to focus on a little bit is reading and writing because that's something  
 542 that people find difficult and we talked a lot about writing Your background meant that you'd done a  
 543 lot of writing. Writing as such wasn't a problem. Are you a reader?

544 Yes an avid reader but not of factual stuff mainly of novels because I read to relax so

545 But you would always be reading? You would always have a book on the go?

546 Yes, I try to keep up with my journals and so on like we all have to. That's not reading for pleasure is  
 547 it.

548 No but its reading. Would you read anything else, novels, medical journals..

549 I'm not a great inquirer so I don't think oh I'm fascinated about this I'll go and get a book on it I don't  
 550 read poetry ..

551 But you always read

552 Yes and I've got children that are the same!

553 We talked about your view of professionals and how that had changed a little bit what about your  
 554 view of research I wondered if it had changed your view?

555 I'm not somebody that has ever, this is going to sound awful, I'm not interested in research, it has  
 556 never done it for me, I've always avoided it like the plague and I think largely, because again I've  
 557 always perceived it as something you have to do, to tick a box and you've got thousands of registrars  
 558 everywhere doing pieces of research that are never going to affect anybody, because they have to  
 559 prove they've done some research and obviously there's some, you do learn from it, in terms of how  
 560 things are done, but I just wish people would do things that are more useful. So that's one of the  
 561 things I've blanked out and I managed somehow to get away with it with my subspecialty training.  
 562 You now have to do research but as I was on the cusp of things changing I managed to avoid it.

563 So a plea for less research but better quality research?

564 I wondered if it had changed your view of research in the sense of when you read journals when you  
 565 see research reports do you look at it in..

566 No. I'd done the research and development postgraduate certificate which was a year when I first  
 567 came here and that had looked at all the practical aspects, what to look for strengths and  
 568 weaknesses, good papers and bad papers, so no..

569 Well that's fair enough. And how did your colleagues react to you doing the programme and you  
 570 giving it up, was here any?

571 It didn't affect anybody. It involved me having a..it was really something between S and myself. It  
 572 didn't affect anyone else, we just had to juggle my CPD time around so I had that session free but I  
 573 always used to come back to a clinical session ..and I'd had several conversations with S about how I  
 574 wasn't enjoying it and but I was plodding on and..

575 And did you have any desire to look for another course?



576 I did think about it but at the time I was up to there with it, I thought I've done courses, I don't want  
577 any more and um I did think that perhaps I need to look for something that's more geared to what I  
578 want, but then really having had a gap of not thinking about it events overtook and I got my  
579 Consultant post and education isn't my thing within my post..

580 You just moved on

581 Yes and I don't need to do something and I have to say I don't have a desire to look for more work  
582 because I have so much to do it doesn't interest me to find any more to do so I haven't taken it any  
583 further..

584 Any other thoughts about it? I appreciate it's a while ago.

585 Um. I think that my impression from other people was that the majority, we all found the reading  
586 tough so I knew I wasn't on my own there, but I think that the majority of people doing it enjoyed it  
587 and got stuff out of it and when I say I didn't enjoy it, I did enjoy the group sessions as I said and  
588 that was just fun and interesting and looking at people from different backgrounds so that was good  
589 but I think that the majority of people doing it found it worthwhile and useful and were getting  
590 things out of it that they wanted, so therefore that would make me think well, its not that it was a  
591 bad course it was that me and it didn't match.

592 Yes there was a mismatch

593 Yes it was the wrong course for me.

594 END

## Thomas

Ex-GP worked as senior manager in the Health Service

.....

1 Introduction, ethics etc.

2 Um you're quite right about the paradigms but I think I started the journey some time ago um I  
3 guess when I was a teenager and through medical school and somewhere into my mid-20's I had a  
4 very scientific approach to life. Although I had quite a religious childhood, which was an interesting  
5 mixture, but that was approached in a rather logical type way and the arguments were all rather  
6 scientific, although obviously you had to have a sort of leap of faith ...so even that was approached  
7 in that way and I joked when I was interviewed for medical school and they said 'what novel are you  
8 reading?' and I said 'I've never read a novel' and actually that was probably true – I only ever read  
9 non-fiction. Clearly that was, I don't know where that came from. My father's a civil engineer, my  
10 brother's a civil engineer and my brother-in-law is a civil engineer so there's quite a lot of  
11 engineering in the family! Nevertheless that isn't what's really my personality. So somewhere in my  
12 20's I started reading and it started by reading novels so I'd start by reading 'somebody' so I read the  
13 whole of Hardy or whatever. And then I'd done my GP training in my late 20's and decided I'd do a  
14 counselling training and that really began to change my ..so I was then doing counselling training and  
15 reading novels so the beginning of change of thinking had already started. And then I thought I'd go  
16 on from the counselling to do psychotherapy training and in that you have your own therapy so I  
17 went twice a week for 7 years to psychotherapy. The joke about that is that Woody Allen said he'd  
18 been going for 14 years and if it didn't work... so I was kind of getting to that. You had to do at least  
19 2 years before you started and then all the way through the training which was about 3.5/4 years  
20 and in fact I'd done 3 years before I started so all together I did about 7. So that actually challenged  
21 every way that I thought. And I didn't approach my psychotherapy training in a very scientific way  
22 either because actually I don't know that there's a lot of science behind it and in fact the more I've  
23 gone on the more I think quite a lot of it is learning theory anyway. Its just using metaphor as a  
24 learning tool or dreams or stories or whatever. So I'd actually made quite a massive paradigm shift.  
25 So I could actually operate in 2 modes completely. I could switch into, as a GP, being logical problem  
26 solving or whatever but actually all the while being 'what's the meaning of this, where's this person  
27 coming from' and I just somehow kept those 2 going as my educational understanding increased...I  
28 don't know...what...you know my story of becoming course organiser then regional whatsit and all  
29 that was done as an amateur and all the time I was teaching on teachers' training courses really as  
30 an amateur. And when I started the course I had 2 reactions after a bit - one was great excitement,  
31 being able to put into words something that I sort of knew, but I didn't know the words to describe it  
32 and a mixture of anger - why didn't I know this a long time ago? So I had a sort of mixed reaction of  
33 excitement and anger because it was naming, naming the parts as it were, of a thing I'd already got  
34 but didn't know how to describe it. So my reaction was actually pretty positive on an intellectual  
35 level. So that was my reaction - why didn't I know this before and actually quite a lot of resentment  
36 at how my medical training had been cos its such a narrow view of the world and there's so much  
37 more to the world and a bit of resentment that as a doctor you get squeezed into a way of seeing  
38 the world which is fine - it helps when you're dealing with the straightforward physical - but it  
39 doesn't actually help when you're dealing with people ..

40 Tell me first about the bit where you said you were being a GP and you also had this other paradigm  
41 from psychotherapy and reading and you talked about switching between the 2.

42 I think I've got a utilitarian approach. So I use one bit of my brain for some things and another bit of  
43 my brain for others and they're not necessarily in conflict. They're just what is applicable to the  
44 situation in front of me. So if someone was talking to you about happiness I would be in one part of  
45 my brain and if someone was talking about the pain in their left toe I'd be in another part of my  
46 brain and I'd swop in and out of it. And I would just apply the way of thinking to the problem and  
47 that would be even more true in psychotherapy because sometimes you'd be thinking 'how  
48 depressed is this person?' so you'd be going through a series of questions in your brain around  
49 depression, but actually another bit of you would be asking a rather open question about the dream  
50 they just told you about and so the balance is probably quite different in psychotherapy The rather  
51 scientific reductionist view would be rather minimal but it would still be there and maybe you'd flick  
52 into it, whereas in medicine it was perhaps more balanced, in the sense that it was 50;50 so you'd be  
53 dealing with something in a rather reductionist way while always keeping the sort of 'what does this  
54 mean to this person , why are they asking it today' type questions in your mind.

55 So I think it's a rather utilitarian approach that I kept and I would flick in and out of one or the other.

56 Almost like a tool box?

57 Almost like a tool box. There are um in life in general, there are problems about that because the  
58 world is often presented to you as one way or the other. You know there is truth and that is it and  
59 that could be religious truth or scientific truth or whatever truth, political truth and so there's this  
60 sort of constant battle going on between what is presented to you as the truth, while actually you're  
61 thinking 'well it's a view of the world and its only one view of the world' and its, you know, as right  
62 as the next view of the world so that you have to deal with that in life and I think with children that's  
63 quite difficult cos they're told 'truth' a lot of the time.

64 So those sort of ideas, that there are different versions of the truth, and different ways if looking at  
65 things, was well ingrained in you. Long before you took up the MA, presumably?

66 Yes, but I couldn't have named it as well and it wasn't as consolidated. It got consolidated, I don't  
67 exaggerate, it was quite ingrained in me anyway. And, but, it was definitely consolidated and I could  
68 name it better. Which was why I was angry I think because why couldn't I name it before. It would  
69 have made life a bit easier. Cos I could have then have talked to people about it more cos I could  
70 have then have named the parts,

71 And so had you been aware in your work as an educator as a manager of a tension between these  
72 views of the world?

73 (Pause.)

74 Yes is the answer, I'm just trying to think about how to say yes in a sensible way.

75 (Pause.)

76 I think um I'll, I'll personalise it in one way and then I'll talk about it in another way.

77 If I think about religion, which I do quite a lot, I've rejected all that truth type belief. On the other  
78 hand there's another bit of me that, I look at some things and feel quite religious about them. And I  
79 read quite a lot of astronomy. I take New Scientist and I always turn to the Astronomy first, usually  
80 then the biology bit and I don't ever then read the engineering bit. And if I read the astronomy its  
81 getting more and more fuzzy, its very post-modern thinking, none of these things are explanations  
82 they're just a way of us thinking about what it is. None of them actually explain the universe in a way  
83 that if somebody else from somewhere else came along would understand... so um what am I  
84 saying... so um sometimes the astronomy makes me think about religion and I can actually flip and  
85 sometimes in New Scientist there's some really interesting articles about that. I'll tell you one there's  
86 been recently its in the biology part about evolution and there's been a absolute rant in NS about if  
87 evolution is the truth we should be teaching it and all this religion stuff is crap but actually  
88 occasionally you get a really balanced article that says these are both dogmas and you need to hold  
89 this more lightly than the world is all explained by Darwinism cos it isn't. And I was recently in Ghana  
90 with a um with one of the people from my work a sort of double first at Oxford, very bright girl. And  
91 Ghana's full of religious symbols and she was kind of dismissive and said that's all nonsense and I  
92 said that's a really over the top comment and we got talking about religion and um its another view  
93 of the world which operates for some people and I don't know what that means but I wouldn't want  
94 to dismiss it. As she was, because its a very narrow view of the world and people don't think logically  
95 all the time. And actually they may be able to explain it better than we can. Art is in similar  
96 territory...sorry I'm probably rambling...so...there was tension around all the time because the world  
97 is full of different ways of looking at it. The other catch phrase for me at the moment is  
98 multiculturalism and the problem with multiculturalism is that everyone is allowed to be the way  
99 they are and then you get the problem with people thinking the way they are, that's the truth, so it's  
100 the clash of the fundamentalist Muslim and the fundamentalist Christian thinking their way is the  
101 right way. Well theoretically they should be able to believe that but then they start imposing it on  
102 everyone else so then what do you do...

103 So you can be the way you are as long as it doesn't interfere with anyone else?

104 So there's tensions around the whole time.

105 And when you, just go back to when you started to read and you started psychotherapy and how  
106 that felt, having done this very scientific education up till then can you remember..

107 I was excited um I began to understand things by reading a novel as opposed to reading a scientific  
108 explanation as to why someone was crying or um so it was exciting really and at that period of my  
109 life I wouldn't be without, really.

110 And did it make you reject the scientific vie?

111 No

112 You were able to keep that running along?

113 Cos it works in some situations, so if someone collapses in front of me ...

114 So I'm afraid I've got a rather pragmatic, utilitarian point of view

115 So why did you take on the MA?

116 Um It's a really good question. The question is why am I not finishing it! Um I think it was that I  
 117 needed to be able to name the parts a bit better. And there is a bit of me that always feels sort of  
 118 inadequate and I need to prove I know something as opposed to ...I think I wanted to actually  
 119 consolidate it into a way that I could actually talk about it.

120 And you had that specific expectation of the programme?

121 Well I knew C and I knew you so that meant I knew what it was going to be like and it was something  
 122 I felt good about - if I'd gone to a series of lectures about how you teach ...I didn't want that

123 So tell me what it was like You had this background, you had these expectations what was it like  
 124 when you..

125 Again it was quite like the psychotherapy. When I was reading things I'd get quite excited. The  
 126 trouble with it is there's too much I'd run out of time. I haven't got enough life and also actually I've  
 127 got a, I find I get bored easily, but its not bored its because my mind is racing ahead and I'm sort of  
 128 um I need everything I'm greedy I want everything at once and its really difficult to manage  
 129 everything, time, what to read, what to concentrate on that sort of thing That's why I was a GP I  
 130 think – I got bored at every other branch of medicine cos it was too narrow - I needed change.

131 You get change every 10 minutes!

132 So there's not enough hours, not enough days or years in life, that's the problem.um coupled with if  
 133 I've read something and its probably not long enough and managing those 2 phenomenon is quite  
 134 difficult. You know I've sort of read to chapter 5 and there's another 15 chapters but actually I've got  
 135 enough excitement out of it and it would be much harder to read the next 15 chapters do you see?

136 Yeh – cos you've kind of got the message at that point?

137 I've got it enough for me. Its gone into the equation but yet its not enough to necessarily talk to  
 138 someone else about it so its gone into my equation and its altered slightly my way of thinking. Its  
 139 diverted the stream a little bit but it isn't enough understanding to have an in-depth conversation  
 140 with anybody else or to be able to argue the point.

141 Because a lot of the reading does require, for most people anyway, quite a lot of in-depth thought  
 142 and going back to it and...

143 Yeh, but I shove it into the equation quite quickly. And it then starts to jog about with lots of other  
 144 things so my mind is then quite, its not actually, I don't want to call it flitting, I call it recalculating  
 145 and redirecting it something else and then I might want to go and read something else and then your  
 146 mind starts to go all over the place then and that's quite difficult to manage, so I've read lots of the  
 147 beginnings of lots of books!

148 (Laughter)

149 But it is a recalculation of what you think about something, but that's not just happening by the  
 150 course, its happening constantly. The article on astronomy might do the same thing. I get very

151 excited if I find something that really challenges my thinking so odd articles now and again, given at  
 152 the course or other things will suddenly excite me and because that's making, well not a big  
 153 diversion, but its either really explaining something or diverting something quite a lot you see it  
 154 differently.

155 And tell me, can you remember specific examples you started the course and started reading in what  
 156 way did things recalculate divert?

157 Its really difficult because it is sometime ago ...I'll tell you one of the things, I said earlier about  
 158 psychotherapy is quite close to learning theory and I came across, I've forgotten the guy's name at  
 159 the moment but long interviewing as a technique and that began to feel like 'just tell me your life  
 160 story' a bit like you do when and that began to feel like the 2 things were coming together and that  
 161 got quite exciting so um there's a constant feeling that if I knew 5 things it would explain everything  
 162 but I'm not sure what the 5 are but you get glimpses of them and that was one. So things would  
 163 come together. It's a bit like string theory explains the universe but it wont actually but it will explain  
 164 it for now.

165 But particularly the bits that relate back to other experiences and pull it all together?

166 Yes, yes.

167 Was there anything difficult?

168 Um some of it was boring.

169 Some people find it very tough – its so difficult to things they've read before that may not be so for  
 170 you having read psychotherapy stuff and so on..

171 I don't think I found it..no.

172 I'd gone through that crisis! You go through oh its all waffle, where's the proof..That was all years  
 173 ago.

174 Anything else about the course – anything that was particularly tough or good?

175 Well the tough thing was there weren't enough hours. Not just doing the reading but thinking about  
 176 things personally or within the time-slot you've got on a Friday, um I don't think so um there's  
 177 sometimes, people came from very different places, different stages of life, I was by far the oldest  
 178 and so their life experiences and where their journey had gone so far was quite different There's a  
 179 bit of me would have preferred it if people were more like minded at times. Sometimes, there's  
 180 more to that than we are saying...but its not right to talk about it. But to contemplate your own  
 181 naval with people who think about navels in the same way also means you don't get challenged so  
 182 there's upsides as well of someone sort of looking at it quite differently or at a different stage of life

183 How did all that affect your view of professional practice, what it means to be a doctor, education,  
 184 ..or did it?

185 Long pause.

186 Um. I'd go back to what I said about being angry – why did we get taught the way we got taught. I  
187 don't think it goes on quite so restrictively as when I was a medical student but I don't think its gone  
188 away and so there's um I think that the frustration would be the narrow thinking of the teachers of  
189 doctors rather than the doctors themselves. You probably realise I'm not really a doctors' doctor. In  
190 fact I'm not sure I really like doctors anyway! I mean it's a very necessary part of life to have people  
191 who understand how you can deal with people's distress but I think its got a status beyond what it  
192 should have ...so I think its about the system that I agitate about I always found I always liked the  
193 patients, the work was a bit boring because its easy to deal with, but I always liked the people and  
194 their lives and their physical illness was on the whole not too difficult to deal with and I guess that's  
195 why I got more into teaching and training and psychotherapy...

196 And did the programme change your view of professional practice, professional development?

197 I think it would be wrong to say it didn't but I think it more consolidated it. What was already there,  
198 un-named.

199 This process of being able to articulate it?

200 Which I still can't do because words don't ever express what you're trying to say so you have to use  
201 a story or a metaphor to try to explain...so I don't know that it actually changed my thinking about  
202 professional practice. There are some things that, I remember there were some things, I mean Della  
203 Fish is someone that I argue with whenever I meet her because in my view she's got an over-  
204 exaggerated love affair with doctors and professionalism which she defines far too narrowly and I  
205 know why she's done it because it means you're able to challenge professionalism in that context  
206 but actually in my view its an approach to life that is invested in quite a lot of people and um you are  
207 a professional or you're not one. Its an approach to life or it's a set of values that can be invested in  
208 a lot of people so some of the things she always made me feel aggravated and I've met her  
209 personally quite a few times ....(laughter)...so this is why it's a contribution to things, that's why I say  
210 it will adjust the equation but the equation's quite complicated but it was a major readjustment to  
211 the equation.

212 Has it had any other effects on you?

213 There are some practical things. I was in Ghana recently and um one of the things I was looking at, I  
214 went to a rural health training school and they showed me a curriculum that they had acquired

215 (Laughter)

216 They want to train direct entry medical assistants - medical assistants are between nurses and  
217 doctors and they'll do things like c-sections, hernia repairs. This curriculum had been written by a  
218 local university and I read 2 of their curricula, one ordinary one, and I think the other university, in  
219 another town had been helped by the Dutch to write it. Their crisis is implementing this curriculum  
220 cos it was a really - it had all the ingredients you wanted, it described the educational philosophy,  
221 the teaching, assessment, how it all came together but I walked around this place and into where  
222 they taught people - and it was 5 rows wide and 1 rows deep - and that contrast summed it up for  
223 me. I'm now thinking about how to actually email them cos they asked me to comment on this  
224 curriculum They know what I think they themselves know they can't do it and they now are into a

225 real challenge to the faculty as to how does the faculty respond to this type of teaching as opposed  
226 to 5 rows by 10 rows. It's a huge culture change.

227 So how did the programme...?

228 I couldn't have looked at this curriculum and understood it. Which I couldn't have done before. I  
229 looked at it and understood where the issues were. And I understood where it came from – it was a  
230 real strange curriculum to find - and I understood the issues the challenges they would face in  
231 implementing it cos actually it was going to challenge everything they did. And so it was the ability to  
232 read it and understand (a) where it came from and (b) the contrast between the 2 situations. They're  
233 trapped in the 50's.....

234 The other thing that some people find difficult is writing...

235 Um...I'm really funny about it – I failed the 11+ and I found English immensely difficult – I can't spell.  
236 And so I assumed I was really ignorant in that territory ...I'm writing a long report at the moment...14  
237 pages...and I still can't believe I can write like that So I struggle with it because I think I can't do it  
238 ...but I do find it quite hard work...

239 And when you were writing assignment for the programme?

240 Well it varied, sometime it was easy and sometimes it was really hard work

241 Because of the content?

242 I think it was more circumstances, if I had the time. It wasn't so much if I understood what people  
243 were saying it was putting the things together with what I really think, or what I think other people  
244 are saying ...

245 Interview drawn to a close.



## Gregory

Interviewed in February 06 half way through the second year. He had just completed Comp mod 1 and written an excellent (80%) assignment reflecting on a critical educational incident and how his approach to education had changed as a result of being on the MA programme. GP (non-trainer) for approx 20 years. GP tutor for 2 years, also has taught medical students for some time.

.....

- 1 Introduction – confidentiality etc
- 2 What were your experiences leading up to the programme, school, university, brief summary of
- 3 educational experiences?
- 4 School was a grammar school that became a comprehensive. It was a religious school. I don't know
- 5 that it was anything other than just a standard school
- 6 Fairly traditional?
- 7 Definitely traditional. We'd installed a language lab by the time I left! It was grant-aided – didn't
- 8 have quite as much money as some of the state schools.
- 9 What subjects did you do?
- 10 At A level? Maths physics chemistry
- 11 So very 'scientific' Did you do anything else at school?
- 12 I did a lot of performances, so music and singing, acting.
- 13 So that was more on the 'arty' side?
- 14 Yes and I always kept up my French, even though I didn't do French after GCSE I continued to speak
- 15 it on holidays etc and so I have got a bit of an arts background, or not just a strict science
- 16 background.
- 17 And then I went to Southampton, no gap. Picked Southampton partly because its course looked a bit
- 18 different and was perhaps a bit less traditional so I suppose that says something about me, a bit. Did
- 19 the degree but also got heavily involved in the performance again. Did the medics review all 5 years
- 20 that I was there.
- 21 Were you pursuing that in other ways – did you go to the theatre?
- 22 A bit. I also sang in choirs, went and saw live bands.
- 23 So that side was quite a big bit of your life?
- 24 Yes, but medical school takes quite a lot of time as well. And I played rugby, I was part of the rugby
- 25 club
- 26 I'm not sure if we call that cultural!

27 I think its got even more rough. I used to play down the lower end of the teams.

28 (Rugby talk...not all transcribed)

29 So how was Southampton medical school, from an educational point of view? You went there  
30 expecting it to be different.

31 I don't think it was as different as it set out to be. There was Early Patient Contact. It was cracked up  
32 to be more than it was. I also felt that the second year, where there was a lot of sociology and  
33 psychology was just tedious to me at the time.

34 Do you read? Are you a reader?

35 Yes, fiction mainly.

36 And at Southampton, you did some written essays?

37 The longest thing I ever wrote before the MA was my fourth year project, which I think was 2k words  
38 and that was in 1980. So the first thing I had to write on the MA was 8k words and it was some 20+  
39 years later. And it was very daunting initially I must say.

40 And your A levels wouldn't have involved..?

41 Well, maths physics chemistry.

42 They don't, no

43 Chemistry essays ok you know, couple of pages on some chemical process or another

44 Cos reading and writing is quite important for the MA, it seems

45 I would like to think that my command of English is actually quite good and I think that's because I  
46 read a lot, I've always read.

47 I agree. I think its quite an important marker actually

48 OK So that was medical school and then you did

49 Then I was going to be an orthopaedic surgeon

50 *Oh right (sounds surprised) oh right*

51 So I started off. I did my first house jobs. I did my first house job, my first house job was a  
52 professorial medical job in Cambridge, there you go. It was advertised in the BMJ because none of  
53 their graduates could fit in with the dates and I got it. Hah!

54 Ah brilliant!

55 And then I did a house-job in Winchester which was where I met Sally and then came to  
56 Southampton to do the anatomy demonstrating casualty job and then went back up to Newmarket  
57 and did surgical SHO and orthopaedic SHO and was struggling to get my FRCS and basically was  
58 already deciding well I don't think that's my box. I decided what orthopaedic surgeons do is boring

59 and I like people and um and that's the bit that interested me and I wasn't going to get that bit being  
60 an orthopaedic surgeon. Passed my FRCS at the point when I'd already got a job, got my GP rotation.

61 Still nice to go out on a high

62 Passed my FRCS primary and then went over to Solihull and did 3 pretty sort of standard jobs. So I  
63 went from being an Orthopaedic SHO to a General Medical SHO which I don't think many people  
64 would contemplate

65 No, interesting transition

66 Yes it was an interesting transition. Luckily I'd always been an orthopaedic SHO who had only called  
67 the physicians in rather reluctantly. I felt it was my bag to deal with all these problems not their's.  
68 Um, so I went over and did General Medicine and Obs and Gynae and Paeds and then found my own  
69 GP trainee year in Cheltenham. Did locums for a while and came here.

70 Right. And um tell me why you decided to do the MA. Jumping ahead a little bit.

71 Right. Well, as you know, I got appointed to be GP tutor. (J laughs)

72 And I got appointed to that on the basis I think really that I'd already organised a good few  
73 postgraduate meetings or had helped organise or had chaired or had contributed in a lot of ways to  
74 a good number of postgraduate meetings. Mainly of the stand-up and lecture style but not all. I'd  
75 done some facilitation work as well so I'd sort of got a bit of what I'd call not quite lecture work. So  
76 anyway there I was GP tutor and I just felt that I didn't really know what I was doing. That would  
77 summarise. I felt I've got this post and although I teach undergraduates, I don't really know what I'm  
78 doing, that would summarise.

79 Right

80 So I was sort of trying to justify to myself. I thought I might get tips on how to do stuff and I might, it  
81 might, how do you put it, it might back up what I was already doing but I didn't really know what I  
82 was going to get from it exactly but I thought it wouldn't be a bad thing to do. It's a bit of a challenge  
83 so why not.

84 So a feeling of it would be a challenge, it would enable you to do what you were already doing,  
85 With a bit more justification perhaps.

86 But you didn't anticipate doing what you were doing very differently presumably,

87 No

88 No, ok.

89 So now you've done one and a half years of the programme and was it what you expected?

90 No.

91 And in what ways?

92 Umm. The main way is I hadn't really expected such a large amount of philosophy if you want to call  
93 it that in other words and therefore such a large amount of challenging thinking. Challenging of  
94 preconceptions and um finding a different way to think (quite hesitant).

95 Mmm

96 Cos you said 'I might get some tips'

97 Yes

98 So more kind of like looking for a tool box?

99 And instead of a toolbox you got Carr or (laughing) Pring.

100 Yes it wasn't a toolbox its been more of a knock it down and start again job

101 Yes

102 Yes

103 But its not just in education you see, or perhaps I see education in more settings I don't know. But I  
104 guess what I'm actually trying to say is its actually altered the way I look at other things as well I  
105 think.

106 Hmmm Tell me about that

107 Well I think I'm probably just a bit more questioning about any preconception. I think.

108 Right.

109 Umm. I think I probably listen harder to what people are saying. What I mean by that is I'm probably  
110 listening harder for meaning if you know what I mean than I would have ever done before more than  
111 I ever would have done before. Umm I think I'm perhaps a little more perceptive cos of that. It has  
112 altered me. No doubt.

113 It introduced perhaps an element of criticality? Would that be?

114 Yes I'm not just allowing stuff to wash over me perhaps as before. I'm listening to meaning. Which is  
115 different isn't it?

116 Can you give any particular examples of that?

117 I think probably I listen to what my patients say more critically and probably more my  
118 undergraduates, that's probably my largest bit of teaching. I think I listen more to what they say as  
119 well. I can't give a concrete example just to hand.

120 Mmmm And what are you listening for? With your medical students?

121 I think I'm listening to the meanings. The hidden stuff. I'm trying to find out what they're not saying.  
122 Do you know what I mean?

123 Yes. What's going on here?

124 What's going on here? And thinking about it. Where I just wouldn't have thought about it. Probably.  
125 Probably I'd have just accepted what was said up front.

126 And are there any other ways in which it's changed the way you do things, as a person, as a  
127 professional, as an educator?

128 I plan more. I plan more but I am more flexible because of that. What I mean by that is I often have  
129 more than one thing up my sleeve. If you know what I mean by that. Now. And I'm quite prepared to  
130 change whereas I might have been frightened to change before mid-spiel or mid-lesson or whatever.  
131 I'm quite happy to now. If I don't think this is going the way I want it to I'll just try and approach it  
132 from a different direction. I guess I'm not thrown really now. I don't know why the course has done  
133 that because we haven't done anything really practical so that's just confidence in myself as an  
134 educator maybe. I don't know. But I'm quite prepared to do something differently and have more  
135 than one thing up my sleeve to do. So for example when I'm teaching the first years I'll have, I may  
136 well go with some backup material. I'd have never thought of doing that before.

137 Right.

138 So if someone is showing that they don't understand something I'll have something else to bring out.

139 That's interesting. And I was thinking about the example in your assignment where the speaker  
140 didn't turn up

141 Oh yes, the critical incident

142 And you said, previously you'd 've said ok guys lets just go for coffee, and that wasn't what you did.

143 No

144 And I wondered if it was possible to unpick how the course had enabled you to do that?

145 Because as you say you havn't been 'taught' how to do that in one sense, we havn't said this is what  
146 you do when the speaker doesn't turn up.

147 I think there was a number of reasons why I decided to do that. The first was probably a bit of pride  
148 in that, you know, I organised that bit and the speaker wasn't there and I ought to do something.

149 You weren't going to let it fail?

150 I wasn't going to let it fail. And I think I thought it was a fairly important topic as well, that was  
151 supposed to be being covered. So sort of that element, There's an element of confidence. So I might  
152 not have had the confidence to stand up and do that and I think probably the biggest element is the,  
153 the genuine belief (pauses here) that we can learn from each other. And I think I'd not genuinely  
154 believed that before. I once went on a Southampton Refresher few days, organised by Peter White,  
155 probably shortly after he took over as GP tutor. And we had an afternoon session where we went off  
156 in small groups and as far as I remember we discussed liver failure. And it did not go well!

157 (Laughter)

158 Not a topic GPs might know a huge amount about!

159 Well exactly. I think there may have been some case scenarios and essentially there were 8 people  
160 sat around and really it didn't go well because nobody knew much about it at all and I came away  
161 from it thinking that was an absolute waste of time. What I needed was, and I knew what I needed,  
162 what I needed was somebody to take me through the case scenarios who actually knew the  
163 answers, on that occasion. And that (laughing) had put me off small group work for ever I think. And  
164 put me off mutual learning as well. But I've come to realise that actually with the course it did work.  
165 In certain circumstances. And I just thought well lets go for it. I had a punt if you like. Lets see if we  
166 can get something out of this session. Um, rather than just let it go to waste.

167 And would it be fair, with out putting words in your mouth, to say that your view of education had  
168 changed? From, it didn't have to be, a lecture, somebody imparting knowledge,

169 Yes, absolutely, yes. So although I think lectures are a valid form of education I definitely have  
170 shifted my view to there's all sorts of ways of learning and all sorts of different types of learning as  
171 well. And I think that's one of the things, its broadened my view of 'What is Education?' It isn't just  
172 sitting around learning facts.

173 Although as you say sometimes its quite helpful for someone to give you some facts, its not always a  
174 bad thing,

175 But it's the whole picking out that we've done. Of things like, what is the difference between  
176 information and knowledge and wisdom and which bits am I using now. Seeing someone with acute  
177 sinusitis I'm just using information really but when I've got someone with a more complex case I'm  
178 having to use my professional judgement and use my wisdom I'm taking in all sorts of bits of things.  
179 Which I knew that I was. Which I'd never really thought about that I was doing in my professional  
180 life. I hadn't really ever. I know that sometimes things were a bit more difficult but I hadn't really  
181 gone through it, thought through it. Why is this more difficult? What is going on here? And its  
182 actually made me better able to implant that to the students as well of course now that I can see  
183 what's happening.

184 Yes, because its conscious, its articulated, so you can pass it on. Where as before you were  
185 presumably doing it, perfectly well

186 I hope so

187 But not quite aware of what you were doing

188 Yes it was much more unconscious

189 Ok I'll just go back a bit to some details about the programme. You said it wasn't quite what you  
190 were expecting. What's been particularly good, what's been particularly difficult so far would you  
191 say?

192 What's been difficult? Um well I've told you about one particular assignment that was difficult if you  
193 did it in the first year rather than the second year

194 Yes and I think that's a very valid point about starting at that point. It is tough to start with 8k words,  
195 I agree.

196 No, no I'm not saying that one, though that is tough. I was talking about the one we did at the  
197 beginning of the second year, which was asking about the changes within yourself this term and I'm  
198 thinking hmmm did quite a lot of changing last year, but this term

199 You'd stabilised a bit?

200 So that was a particularly difficult assignment.

201 Here we talked about styles of supervision.

202 So getting your head round the supervision and the different styles..

203 Yes that's been difficult, that's been a difficulty. Umm other difficulties, er..

204 You talked a bit about, I'm thinking of the reading, the philosophy, you weren't expecting the  
205 philosophy. How was it?

206 Oh well yes I was coming to the philosophy. I'm heading there

207 Go on

208 I was struggling to work out how to word it.

209 Ummm It was a complete and utter shock the first time I read Golby and Parrott. Not a shock,  
210 perhaps that's too much of a word, but its, it was a distinct whew! What's this person saying?  
211 What's science here? How can you do that? And also I guess I had a, if I had any view on qualitative  
212 research beforehand, which is perhaps quite limited, I would have viewed it as distinctly shabby, you  
213 know poor man's, and in fact my brother, I have a brother who's a professor in Canada and he is a  
214 geographer but he's definitely a scientific geographer, very definitely. But because geography sits in  
215 the Arts Faculty in his particular University he actually ended up being Associate Dean of the Faculty  
216 of Arts which was. He's been laughing uproariously about the thought of me having to write  
217 qualitative papers because he has to look at qualitative papers. And of course he's very positivist and  
218 he thinks they are complete rubbish. He's always talking about have you finished contemplating your  
219 belly button?

220 So yes a complete um an uncertainty initially about whether I should be valuing what G&P had to  
221 say. Cos I think that was more or less the first thing we read you know. It probably was,

222 Yes, it probably was.

223 It was the first big thing we read anyway. And now reread several times. And then I found (sorry I'm  
224 moving from difficulties to not difficulties) I found particularly the day that Della came in, that was a  
225 particularly insightful day for me I think She really helped to crystallise some of these bits about  
226 professional judgement knowledge and wisdom that was starting to get to grips with but she really  
227 enabled me to get to grips with. But that's wandered off the subject of difficulties,

228 No, no that's fine. Its good to have some non-difficulties as well.

229 Um yes it is a difficulty but it's a gradual difficulty The first difficulty with G&P was not a gradual  
 230 difficulty that was a wow and then since then yes its been a slow incremental step change more in  
 231 the first year of view-point.

232 And how has the group of students helped or hindered that process?

233 Well I think. It's a real shame to have broken up the group and effectively formed a new group  
 234 actually. Both groups have been good to work with actually and they are different, completely  
 235 different. But if you like my pals in the second year the group if four as it is now its great fun to I  
 236 suppose you'd say we're good friends now we don't see each other, other than, but we value each  
 237 others opinions and the opinions are different as well which is always good.

238 What was the question?

239 Has the group helped?

240 Yes of course it has. Because its not only the discussion you have in little groups perhaps within in  
 241 the course of, you know, if you like, the formal bits but it's the informal bits as well. For example I  
 242 often meet up with Isabel beforehand and we have a little chat about what did you think about what  
 243 you'd read. We'll meet in the canteen and have a cup of tea and mull it over or did you spot this bit,  
 244 what did you think of that. The informal chitchat's been quite interesting as well.

245 It sounds as though you haven't, I mean some people find the type of texts very very difficult just to  
 246 get into, it sounds like you've been able to overcome that to some extent and grasp the content?

247 Umm well no, some of them are horrible. (laughter) some of them are so heavy and so difficult. Carr  
 248 is particularly difficult. I've taken to having a highlighter pen in my hand and I find that helps me to  
 249 really pick out the stuff that's valuable. Ah yes that's important I might use that. And I try to think to  
 250 myself in terms of might this be useful in an assignment? What is this person trying to say? Is the  
 251 concept useful? And if so I'll get my highlighter pen out. But, but you'll find whole pages where I've  
 252 got no highlighter pen which to me means I didn't really get much out of that. Yes, some of it is  
 253 turgid. Some of it is very readable now. Some of, you know, the latest Fish and Coles is actually quite  
 254 readable but I think that, I was reading it thinking this is actually quite readable and then I thought,  
 255 would I have thought that a year ago? because actually some of it, the words are more familiar to  
 256 me the concepts are more familiar to me.

257 Yes I think you underestimate how, we gave G&P to some new trainers and we thought we were  
 258 giving them the easy bit

259 Yeh you gave it to S, my GP partner.

260 And it was a big mistake.

261 She said is this what you have to read and I said yeh, that's one of the easy ones!

262 Chat about which texts would be better for the Trainers

263 So, coming in a sense to the sort of things you were talking about in your assignment. I was  
 264 interested in how your views of some things have changed. You talked a little bit about your view of



265 professional practice, Can you talk a little bit about the view you would have taken of practice or  
266 being a professional before you arrived and how that's changed.

267 You might not have had a view of professional practice before!

268 I'm not sure I did. I mean I think I was, (pause) If I said I came from the surgical standpoint do you  
269 know what I mean?

270 I think so but just try to, if you can,

271 I probably am less black and white than I was. I didn't, I don't know if I saw the middle ground as  
272 often as I see it now. Umm.

273 So there's a right and there's a wrong in surgery?

274 Yes

275 There's a right way of doing things.

276 Yes, and I think that now I'm a bit more that there's more than one. But I always was to some extent  
277 I think perhaps its moving a bit more to thinking actually there's more than one way to crack an egg  
278 or skin a rabbit or whatever. That actually, providing it works it works and it doesn't really matter  
279 how you go about things, providing you're using your judgement and you are listening. I mean I  
280 always used to take a great pride in digging out the hidden agendas. That to me was, you're doing  
281 well here when you get stuff, just by waiting or just by, but, that was because I waited rather than  
282 thinking, that was because I used my judgement. I didn't go as far as thinking, why did I wait?

283 So its not about doing things differently but its more about understanding what's going on?

284 Exactly yes.

285 In your clinical work?

286 Yes, yes.

287 And, part of that is about not seeing it as black and white?

288 I think so. Being more accepting. Being less rigid in my views. Because I've had to be less rigid in my  
289 views. I've had to change my views a lot.

290 And having to change your views in one area has that led you..?

291 Yes, yes.

292 Because you've had to question your views in one area, G&P said science wasn't the be all and end  
293 all,

294 Yes, yes

295 Well it wasn't just G&P but the whole, the course has moved my way of thinking about the way I  
296 work, the way I educate, the way I, well almost the way I live really. Sally would say I was more  
297 relaxed. I think I'm probably more relaxed. I think she would say that.

298 We'll get her in and have a 2 way interview!

299 She says I get particularly irritated when I'm driving but I don't actually. I just say irritated things.

300 So has it changed the way you drive?

301 No!

302 And what about the view that you take of professional development? How professionals learn. How  
303 professionals change? In a sense you talked a bit about that in terms of your people learning about  
304 childhood obesity.

305 Yes how professionals learn. Um What has it changed about that? I don't know how much is the  
306 course and how much is being GP tutor. Actually, because they have to some extent coincided. I'm  
307 not sure which has done which but again I have a broader view. Of what constitutes education.  
308 What is education. And that learning can occur in all sorts of settings that aren't necessarily learning  
309 settings which I perhaps hadn't appreciated as much.

310 A lot of learning goes on when you haven't got your 'learning hat' on?

311 Yes. Exactly that.

312 And has that affected you with the medical students?

313 I think, there are 2 different. With the first years there's a curriculum which is not my curriculum. It  
314 is a curriculum which I work to. But I do fiddle with it a bit now.

315 Right so you used to see it as,

316 This is what we do in session 9

317 Ok yeh

318 Now we don't always do what's on the sheet because I think we might get more out of this if we do  
319 so and so,

320 Its really interesting, how are you doing that, how are you deciding

321 No idea.

322 I guess I'm putting a judgement hat on, on what might be a more valuable experience at this point, if  
323 you know what I mean by that,

324 So you're, there's a confidence there. I know enough that whatever's written down on this  
325 curriculum

326 That I rather fancy doing this because I think they'd get more out of it

327 And is it something to do with understanding where the students are at as well?

328 It may be that. I mean I have been teaching first years on this particular course for, I think its 4 years.  
329 It has changed a little bit.

330 But you've got a good idea of what you're dealing with?

331 Yes exactly and so that might be part of it as well. But I have, the last 2 sessions I've taught I haven't  
 332 done exactly what's been written as the session title so therefore I must be doing something  
 333 different, because I feel the confidence to do so. But I try to cover the stuff that's supposed to be  
 334 covered so they're still in a curriculum and if I don't cover it, but I cover it in a different way

335 And you talked in your clinical work about your approach to the patient having changed a bit. I  
 336 wondered, one of the things that interests me is the kind of the paradigm of the programme is so in  
 337 a sense at odds with the paradigm of evidence based medicine, protocols, ticking boxes

338 But that's not what General practice is, is it? Well General Practice they're trying to shoehorn us into  
 339 protocols and QOF and so forth but I think luckily that's a small minority of General practice. I think.  
 340 Would you agree with that?

341 Yes

342 What's different. In general practice you have more opportunity to be more um er use more  
 343 judgement and listen differently and do all those things where you might not in a surgical setting  
 344 perhaps.

345 So when you're looking at say practice protocols or whatever has the course influenced how you  
 346 look at that or,

347 I don't think the course would influence the practice protocol actually

348 Your attitude to it, not the protocol itself.

349 Oh yes, definitely.

350 I wasn't thinking that you would rewrite the hypertension protocol because of the course! I was  
 351 more thinking of the way you think about it, the attitude you have to it,

352 Do you mean am I more scathing and sceptical of anything that's number based?

353 Well, it could be!

354 Well yes is the straight answer. I am more. Yes absolutely. I'm very aware that I am more aware of  
 355 the potential to be treating to numbers rather than treating the patient, probably more aware than I  
 356 was. So questioning, is this the right thing. I know this is the right thing to be done according to the  
 357 protocols, but is this the right thing for the patient, probably more than I ever did. I always did a bit  
 358 but probably more than,

359 Again it comes back to being critical about things, questioning it, and possibly having more  
 360 confidence in saying.

361 Any other areas that in terms of being a doctor that these thoughts and ideas might be influencing  
 362 you?

363 I'm probably actually better with the staff too because I'm better at actually thinking ah the reason  
364 that's happened is because they don't understand about so and so and then taking that person to  
365 one side and saying look it might be helpful for you to know. So perhaps, spotting, thinking of it in a  
366 more positive way, so when something goes wrong thinking ok well this has gone wrong because,  
367 and so we can make sure it doesn't happen again and being more, if you like, following the critical  
368 incident model, looking through it and saying ok well if the staff member had understood this or  
369 known this then this wouldn't have happened because. So, that can happen in a very small bit. When  
370 you say critical incident it sounds very, More aware and more helpful to the staff in explaining things  
371 that I probably was before so spotting the, spotting the why, instead of just thinking ooh

372 And again perhaps looking underneath what's the 9/10 of the iceberg that you're not seeing?

373 And being aware that that's there to look for.

374 Yes.

375 Seeing things in a more complex way perhaps? So the staff might be stupid, she always does that.  
376 Why does she always do that?

377 Um ok let me see what we've done

378 I'm a bit worried about the bits in red type!

379 That's for me! Do this, don't forget to ask that,

380 What about, you said you'd talked to S about G&P, have you shared this with your colleagues? How  
381 have they reacted to you doing the programme?

382 Umm

383 And S you said had noticed a change

384 We talk about it but not to a huge degree. I talk about it quite a bit to D who's my immediately next  
385 door room. And he just laughs. He's very positivist. He just laughs at me. It's just banter and it's fine. It  
386 would be interesting to see what they've noticed but you see with it being moderately coincident  
387 with me being GP tutor to what do they attribute the change? Do they attribute the change to being  
388 GP tutor or do they attribute the change to doing the MA? And I don't know the answer to that  
389 question but I think probably if I hadn't done the MA I probably wouldn't have moved forwards  
390 much as a GP tutor. And I think I have moved forward as a GP tutor.

391 I guess you'd have moved forwards a bit but perhaps not at the same rate, not in the same ways?

392 Definitely not in the same way.

393 And I guess some of being more relaxed might be due to doing something outside the practice and  
394 having another interest?

395 Oh yeh and to the extent that I'm afraid I've already planned what I'm doing next

396 Which is?

397 I'm going to do my Sports Medicine qualification next because one of the things that I came into the  
 398 MA with was a concern that I didn't know whether I could still learn.

399 Right. So you've ticked that box?

400 Oh I've definitely ticked that box. Um, very much ticked that box because its been such a learning  
 401 process in terms of learning a completely different way of thinking that I should be able to learn,  
 402 Sports medicine should be easy!

403 A piece of cake!

404 Well it'll be very interesting doing what I would imagine would be a traditional knowledge based  
 405 course

406 It will be. It'll be quite positivist I suspect.

407 And how that feels really.

408 Except that there is quite a bit of Sports Medicine that's not very evidence based that that will be  
 409 some people will probably not cope with that very well and I'll be fine.

410 And how do you see the rest of the course? You've got the rest of this year and then dissertation.  
 411 What are your thoughts about that?

412 Um. Well actually I'm quite looking forward to 'Curriculum'. I'm quite intrigued by it. That always  
 413 feels like, it sounds bad but that almost feels like proper education do you know what I mean?

414 Its you know, setting up a course. That's curriculum. So I'm quite looking forward to this next bit  
 415 actually.

416 But you've read Colin's book? Its not terribly much about setting up a course!

417 No, but you know what I mean! It'll give me the philosophy about it. So I'm quite looking forward to  
 418 Curriculum. Am I, I'm quite looking forward to the dissertation I suppose. 20k words sounds a lot.

419 (conversation here about supervisors styles)

420 In writing assignments I now spot everybody's typos all the time! So all the typos anyone makes I  
 421 see.

422 It can make you very irritating!

423 And I'm also very careful about, we're setting up something to do with PBC and so we've been  
 424 writing our prospectus and so forth and of course who's the person who sits there saying 'oh that's  
 425 not very good English.'

426 So I was thinking about how you might develop from here and how you felt about doing the  
 427 dissertation – it's a much more open-ended thing. You don't meet on a Friday morning and have the  
 428 group and if you'd had any thoughts,

429 Well I might struggle with the self-discipline of not meeting up on a Friday, That does help the  
430 discipline so I'm hoping I still get my psl for next year in which case I'll still be able to have Fridays off  
431 and that'll help me discipline myself. I think if I haven't got Fridays off I will struggle. That's the first  
432 thing. Um I don't have a particular worry about meeting less often and because it is such a big task  
433 that I think I will be spending Friday mornings doing stuff, provided I've still got Friday mornings off.  
434 Either reading or writing, or a combination of the 2. Obviously I've got some data to collect. I don't  
435 think the data collection is probably to take a great deal of time. And I've already done a lot of the  
436 ground work in terms of gate keepers so I'm on my way almost with it but umm I'm quite looking  
437 forward to it in some ways though 20k words does sound a lot I am quite looking forward to it.

438 I think 20k goes quite quickly really there's so much you've got to put in.

439 Chat about length of assignments of dissertation

440 Anything else about the way its been, what its done to you so far?

441 Pause.

442 Umm I don't know if its anything else but I could summarise what its done to me by saying its  
443 changed me. And its changed me in to a completely different degree to that that I would have  
444 expected. So I was not expecting really a big, I was expecting a bit of change but not a big change . It  
445 has changed me quite a lot. And I think its changed me in a good way. It's a positive change. Umm.  
446 And I think its just made me think. It makes me think and its made me think. I think a lot more.  
447 Which is a good thing. I think.

## Paula

Interviewed 3 years after completing MA, with distinction. Consultant in O&G (was SpR when doing MA) and Director Medical Education at large teaching hospital.

.....

1 Introduction/preamble.

2 I appreciate its looking back and it is a little time ago but that perspective is interesting so if you  
3 could just summarise your experiences before the course, what sort of a school did you go to,  
4 medical school, a brief summary.

5 I went to a very traditional ex grammar school really that was very academically inclined and did the  
6 usual array of O levels and in fact did 5 A levels because I did an A level at home with my mother

7 In?

8 French

9 Just for fun?

10 Well yes, I was good at French and I'd given it up to do sciences, and my Mum's a French teacher so  
11 she said "well why not just do it on a Wednesday afternoon", and actually for me that was good  
12 because it did give me a bit of an artistic flavour that I'd never have got, cos I actually now realise  
13 that I am much more of an artist than I am a scientist in those sorts of terms but at the time I wanted  
14 to be a doctor. I didn't realise that it was possible to be a doctor and be artistic at the time.

15 Probably at the time it was only possible to do 3 sciences and get into medicine wasn't it?

16 Yes, yes. It wasn't nearly so open as it is now.

17 Yes. So wanting to be a doctor meant you did sciences.

18 Yes and actually I was good at those as well. It wasn't that I didn't enjoy them, I did. But I found  
19 things like physics - I did biology because that was interesting and chemistry I quite enjoyed but I  
20 remember in physics thinking "its really not me this but actually I can do it so its ok".

21 It didn't turn you on?

22 No. Where as I actually quite enjoyed French and French literature that sort of thing So yes,  
23 traditional sort of school, got the usual A levels, failed to get into Cambridge, which at the time I  
24 thought was the end of the world, but was actually probably quite fortuitous. I went off to Bristol  
25 medical school and again that was quite a traditional medical school in that we did 2 years pre-  
26 clinical and then 3 years clinical and so it was all lectures and things. We did a little bit of clinical  
27 contact but very little. It was very much lecture based, a few seminars, practical things in the first 2  
28 years and then traditional blocks with the firms and a few lectures on each of the courses. You did a  
29 big written exam at the end of the 4<sup>th</sup> year and you got graded on each of the firms as to how you  
30 performed.

31 And a lot of emphasis on knowledge presumably?

32 Well certainly from the examination point of view, yes. I can't remember anybody having much of a  
 33 conversation with me about professional values or ethics or what it was to be a doctor or .....There  
 34 was a bit of that we did a course called 'man in society' where they made a bit of an effort to try to  
 35 introduce some of those concepts but it was very much one of those where you just have to go to  
 36 that.

37 That wasn't seen as the most important thing?

38 No, the most important thing was making sure you knew all the muscles, and that you examined  
 39 people properly.

40 And how did you feel about all that?

41 Its very difficult to know. I absolutely loved medical school. There's no question about it. I had a  
 42 thoroughly good time. I'm very good at doing exams so it never phased me the fact that I had to do  
 43 all this stuff. I've always been one of these people that learnt stuff and then immediately forgets it  
 44 cos unless its of relevance to me and still numbers, statistics, nowadays, my brain doesn't work like  
 45 that and at the time I found that quite distressing cos I could never get my head round things like  
 46 statistics and there was always this sort of feeling that you had to be able to do statistics for  
 47 research you know, medically orientated research to get on in medicine and I suppose at the time  
 48 and as a junior doctor I found that quite worrying because I actually didn't really enjoy it and I, I  
 49 couldn't do it – well I could do it but it was a real effort every time I had to remember, even now, I'd  
 50 have to go and read it because I can't remember it, because it doesn't register in my brain and so at  
 51 the time I thought

52 You thought that was what you were going to have to do to get on – it was a bit alarming perhaps?

53 It was, yes definitely.

54 And just, you said you had this big written exam?

55 Yes

56 Was it short notes, long essays?

57 Both - MCQS and essays

58 So you had to write quite a lot of consecutive words?

59 Yes we did do essays and some short notes, it was basically a big exam in all the different  
 60 specialties, so they wee different in different ones but yes, we had to write essays so I have written  
 61 something.

62 And for your French A level presumably?

63 That's how I learnt to write

64 A lot of consecutive words presumably?



65 You had to write essays for French A level especially in literature so yes I had done some writing  
66 before I went and it wasn't a completely alien and actually one of the things I'd really enjoyed at  
67 school was English I could quite easily have done English if I'd been given a choice I really enjoyed  
68 literature and writing about it and so on.

69 So that was medical school really and then I trundled off into the usual medical hierarchy bit, SHO  
70 jobs I always knew I wanted to be an Obstetrician/Gynaecologist I knew as soon as I did it. That was  
71 the specialty for me basically, I didn't know it at the time but I learn by practical hands-on doing  
72 things.

73 So you wanted a specialty where you could do things?

74 I didn't know it at the time. Nobody at medical school ever said anything about 'how did you learn  
75 anything , what might be suitable for you?'

76 (Laughter)

77 It was just what did you fancy doing? What did you end up doing? Now I can identify that was the  
78 reason why I loved it.

79 It wasn't a conscious insight?

80 No, not at all. It was just pot luck this is great I really want to do this and off I went. And er yes I got  
81 through the usual things, First Part as soon as I could get it cos that's what you do and that was just  
82 a bog standard exam and worked my way through and did my Second Part and working by then part  
83 time as I had children at that stage and did my Second Part just before I went off for a career break  
84 to Australia and really my SHO and Registrar jobs I got very little formal teaching as it were in those  
85 days they didn't really exist we did a bit actually in Bristol as an SHO we did have tutorials but most  
86 of it you just learned because you were there so it was very much an apprenticeship model for me in  
87 the early parts of my training.

88 And at what point looking back on it would you say you got interested in education?

89 It was not really until I came back from my career break in Australia and I'd been back, I must have  
90 been in post for about a year or so I was conscious that I 'd got my exam I'd been a registrar for  
91 about a year or so and I was conscious that you know I'd got my exam and the whole cv thing started  
92 up again what am I going to do, I don't want to go and do the research thing, its really boring, I'd  
93 have to do statistics and work in a lab and I think I'd rather cut my throat than do that really and it  
94 just came out of the blue. One day one of the Consultants here just came and said would I like to,  
95 they'd set up, Calman had just happened they had to set up a teaching programme in fact Wessex  
96 was one of the first, quite ahead of the game in some respects from that point of view, in O&G  
97 particularly and he'd got one of the previous flexible trainees to try to start running it and she was  
98 leaving, because she was going north with her husband and so he came to me and said would I like  
99 to do it and I said yes something else to do and it sort of went from there really because I started  
100 doing it and then I thought well this is crap just sitting around being lectured at and actually there  
101 must be a bit more to it than that it was all teaching each other things of little relevance or what  
102 have you and I also felt if I was going to do if I was going to take it seriously I probably ought to know  
103 something about it as opposed to the usual thing that you just do it and so that sort of, I put a

104 proposal in to spend more time completely reorganising the SpR programme cos at the time I took  
105 over there were just random lectures it was all there was no fixed time, no we all need to be  
106 released, some idea of a curriculum, none of that. No feedback as to whether it was any good or not.  
107 So I said to Ian Boyd could I have some extra time please to get this programme organised and at the  
108 same time that's when I started, well a few months into it, that's when I started the MA. How did I  
109 access it? I can't remember actually how I came to, who told me about it maybe it was Rosie I don't  
110 know. Oh it was Shelley cos they'd just all started it and Alex was working at the deanery as well and  
111 I thought I'll go and give that a go.

112 I'll move on to the MA itself in a moment but one of the things I was interested in was what  
113 positivist and non-positivist experiences you brought to the programme

114 Oh I was hugely positivist when I started

115 Yes but with this slight..?

116 Yes well there was just something about it and I wrote about it. There was just something about it  
117 that didn't feel quite right. I wouldn't put it any stronger than that really. I had a gut feeling that  
118 perhaps there was a better way of doing education than the way we had been doing it and that my  
119 experience of education the way I learned etc meant that I didn't personally want to be lectured to, I  
120 never found that a useful way of learning and interactive stuff seemed to be for me – it may have  
121 been no more than that.

122 Sort of a discomfort really?

123 Yes a bit of a gut feel that there's maybe something not quite right about this and there could be a  
124 different way of doing things. And that maybe if I went and learned about something different that  
125 might help me formulate how to move forward.

126 So you said you had this introduction to the programme Shelley said it was brilliant Alex said it was  
127 good and how was it when you got there? Can you remember what your reactions to maybe the first  
128 term were?

129 Yes it was, I was a bit bemused to start off with I think. It was a big group when we started and then  
130 it shrunk quite a bit and I think to a certain extent I was slightly intimidated because there were  
131 people there who'd done a lot, were older than me they'd done a lot more medicine, big GP  
132 educators..

133 And so that was this group where they did a sort of one off module?

134 About leadership?

135 Yes

136 And it had some of us in it who'd already done most of the programme and some who were just  
137 starting and just did that module and some like you who went and did much more so it was a funny  
138 old mixture

139 It was a funny mixture and I can remember starting off feeling slightly intimidated by it all. Because  
140 there seemed to be an awful lot of people there and it all seemed a bit nebulous as it... because I  
141 wasn't sure what I was... my experience of education was you get told 'that's what you've got to  
142 learn, that's what you've got to read' and off you go and here we are sitting around here thinking...

143 (Laughter) It was all a bit grey?

144 Yes.

145 What am I supposed....? But then, I don't think it took long, but, because it was very much in the oral  
146 tradition, a lot of discussion, that suited me down to the ground - if I could take any exam by talking  
147 about it!

148 So the content seemed a bit bizarre and bemusing but the methods?

149 The methods suited me absolutely.

150 And the reading?

151 Oh I can remember reading Carr for the first time and thinking 'oh my god, what are they talking  
152 about' I can remember reading some bits and thinking 'I have not got a clue what they are talking  
153 about. Why are they making me read this when I don't understand the words even' There were  
154 some things that were easier, but some of it...I was bemused by, bemused

155 And what was your reaction to that? Did you think I've got to try harder or this is rubbish?

156 No, I didn't think it was rubbish. I just thought I was stupid. That's my usual reaction. I just felt I  
157 didn't know enough about it to be able to understand it. But you know, working through it, I would  
158 read it and we would talk about it and then it would become clearer and so that was a very useful  
159 learning experience really from that point of view.

160 Presumably there hadn't been many educational experiences in your life where you came across  
161 something that you couldn't achieve fairly quickly?

162 No, nothing really.

163 That's true for a lot of doctors. School goes ok medical exams go ok and you flew through everything  
164 and you found a specialty that you liked and you were good at and then suddenly you get Carr!

165 (Laughter)

166 Yes and it was a bit like that really. Suddenly you had to think and it wasn't all obvious, facts, but I  
167 suppose as soon as I there's no doubt I absolutely loved it. I found it a bit not threatening that's the  
168 wrong word I found it a bit bemusing it was stunning to start off with undoubtedly but I also really  
169 enjoyed it because when you could talk it through As I say I remember reading stuff and thinking I  
170 just don't know what I'm going to say about this and then we'd start the conversation and actually  
171 you'd be able to work it through.

172 And presumably the group would have been helpful?

173 Oh very helpful. Hugely. That was the great thing about it in many respects the richness of the  
174 experience of people's contributions was what made it for me. You know, on the leadership and  
175 when we moved onto the other modules. I did most of my learning with J. and TB and we had a  
176 teacher whose name escapes me now but she was great as well and that whole group was great. I  
177 used to really look forward to Friday mornings when I could go and have a good old discussion about  
178 whatever it was we were dealing with at the time. It was hugely powerful for me, it was a whole, it  
179 really did change my way of looking at things. I think it changed the way I look at things in a much  
180 wider sense than just medical education.

181 Tell me a bit more about that.

182 Well I suppose I'd been brought up in a scientific, because I'd been to medical school and all the rest  
183 of it, you know science was the ultimate truth wasn't it, there was meant to be an answer, We were  
184 going to be able to sort out cancer. I remember sitting in the medical school and being told we'd  
185 have sorted it out in 10 years and here we are 20 years later and we don't seem to have quite  
186 managed it yet but I remember being told that. Because you know science is so marvellous it will  
187 give us all the answers and here I was reading things that challenged the fact, that that might not be  
188 the case and things that resonated with me as an individual. Its quite difficult now because I have  
189 moved on again and I think I've become more, I don't know what the word is, less technical-rational  
190 and more believing in things that are not quite the scientific model the older I get actually. But that  
191 is absolutely the catalyst of what set me on the way was reading things that challenged the fact that  
192 there was an ultimate truth and that society played a huge role in modelling what happened inside  
193 the scientific community etc and I found that absolutely fascinating and so it did change my view of  
194 the world somewhat.

195 So it changed your view of science and perhaps the role that science had in society as well as science  
196 in a more narrow sense of the way it applied to your work?

197 Absolutely

198 And what about the way you viewed your work as a professional?

199 Yes yes that was interesting as well really. It sort of validated what I think I already thought, this sort  
200 of gut feel thing about what it was to be a good doctor. And actually it was being able to articulate  
201 that and being able to say there is evidence around this that it isn't just remembering facts and  
202 figures and putting the details together to make a differential diagnosis that makes you into a good  
203 doctor. And there's so much more work that's sort of come out of that, even Michael West's work  
204 about team-working reducing patient mortality, well that's no surprise to me but it probably would  
205 be a surprise to some of the technical-rational people walking round in the health service basically.

206 So it sounds like it wasn't like discovering something new it was like discovering something you knew  
207 already?

208 But I hadn't been conscious of

209 And it made it, as you said you could articulate it

210 Yes

211 And then presumably feel more confident about it

212 Absolutely, no question about it and that was really good as well. I could have arguments with  
213 people much more successfully about what it was to be a good doctor. Yes you had to have a degree  
214 of knowledge and yes you had to measure that, but that was a very small part of what it was to be a  
215 professional, and to carry on with professional development and all the rest of it and if you have that  
216 knowledge of the literature and what underpins all that to be able to have that conversation then it  
217 does make you more confident. You're not just talking a load of codswallop. Its not just you saying  
218 this because that's what you think is right but there's evidence that suggests that that's the right  
219 way forward. So yes, it was very um very powerful it wasn't something I didn't know. It was  
220 something that my unconscious brain knew always but it came much more into my conscious level  
221 that that was actually right, what I thought.

222 And how did it affect your education, you were running this programme..?

223 Well it undoubtedly helped me produce a programme that was very well received in the sense that  
224 we did do...um.. it helped simply from the developing the curriculum point of view and getting  
225 different methods of teaching within it, all that sort of stuff and not being too focussed on doing  
226 exams at the end of it but actually having some sort of markers, putting in place some sort of  
227 assessments as to what people were getting out of it. So educationally, just setting up that  
228 programme I think it helped enormously. And I shouldn't say this, but I will anyway, since I stopped  
229 doing it I think they've moved backwards. I think they just put on a series of lectures.

230 So you need to get someone else on the programme?

231 Well yes actually because I did, I think they now put on a series of days that they have to and the  
232 college say they have to put on. To be fair its not the same, they do use different teaching methods.  
233 They have taken that on board, but they've stopped doing any evaluation of it. You just think, well  
234 you're doing education you should make some effort to do it properly. But from the time that we,  
235 you know we did all sorts of things, we got the college involved, with their distance learning thing  
236 and they became integrated into the programme and all sorts of things that I would never have done  
237 if I hadn't have done the MA because I wouldn't have thought about it and really I suppose it also  
238 gave me confidence to move on and do different things. So then I moved on and started doing the  
239 project around the RITAs and again I did my dissertation around the RITAS and it was hugely helpful  
240 to have the backup of the MA and to go back and read around assessment and so on and try to  
241 move things forward so I felt that for me I think the deanery got a good bit of work out of the fact  
242 that I was doing the Masters cos they wouldn't have got that quality of work otherwise, it would  
243 have been something completely different. So educationally for me personally it was very good but I  
244 also think the combination of it helped some things in the deanery move forward that wouldn't have  
245 happened - R wouldn't have had time to do them They wouldn't have happened in that way if I  
246 hadn't have been part of the programme and I forgot that sometimes, I think 'what have I achieved?'  
247 and then when they were talking about the Strategy for Trainees in Difficulty which I did, which  
248 needs updating now, but I thought 'oh well actually..'So I suppose educationally it gave me a lot of  
249 confidence that what I thought was right, there was some logic into what I thought was right about  
250 the educational process. It carries on, even today we're constantly taking people away from the  
251 workplace to try to educate them and I've got to start thinking about how we can stop doing that  
252 and put the education back into, some of it, not all of it. We went through this whole thing , this

253 whole swing of how can we take people out and educate them and actually its got to be a  
 254 combination of both.

255 And that was supposed to be about valuing education?Its a backwards way round really.

256 It is and its an interesting concept.

257 So it continues to influence your work?

258 Absolutely. I know it sounds very strange but I think it probably very much changed the way I look at  
 259 the world in many respects because nothing had ever challenged me in the way that that did.

260 And there are a number of people from the programme who say that. Can you give any examples of  
 261 that or, I know its difficult.

262 What can I remember most?

263 I remember reading Thomas Kuhn and actually I can remember reading that and being stunned by it  
 264 really and I still quote it today. So how did that change the way I..? I think the most fundamental  
 265 thing is the idea that science could be something that society almost creates. Not creates but you  
 266 know what I mean that sort of idea of questioning the fact that...

267 Its not pure and separate?

268 There is something constructive about it and I can still remember sitting there and reading that  
 269 article and thinking 'oh my god this could be right, isn't that amazing' and so that's...

270 There was a real feeling of surprise?

271 Yes yes definitely. Its funny I've just read 'Angels and Demons where Dan Brown talks about the  
 272 interface between religion and science and its quite interesting. I've just read it on holiday and some  
 273 of it looks at the tension between religion and science and how you might bring them together.

274 So you've got a framework to put that onto?

275 Yes. That's probably the best example I could give to you.

276 What about in your clinical work? Has it affected the way you regard evidence based medicine and  
 277 procedures and policies.

278 Yes, I always knew that policies... I still rail against things like CNST the tickbox mentality that says  
 279 you just have to have this protocol and that means patients get cared for better because. I mean  
 280 well, if you want evidence, show me the evidence that that works! Well there isn't any.

281 So its mainly, well its not that I've got anything against clinical trials, proving that drugs work, I  
 282 haven't, we need that sort of evidence, but its about interpreting that for the individual patient and  
 283 its about putting that into practicalities as opposed to.. and knowing that most patients don't fit into  
 284 protocols and guidelines, basically. So they're there to give you some guidance and some clues as to  
 285 what might be the way to look at things. But actually its not the answer. And if you're not a  
 286 professional and you developed those professional skills to deal with those things then you can have

287 all the protocols and guidelines you want and you wont get a good outcome. So its made me, its not  
 288 that I'm anti..I am in favour of evidence based medicine, I've done a Cochrane review for example,  
 289 that's been published, but what they don't do is the interface, they miss out the professional bit  
 290 sometimes.

291 So do you feel there's a tension there when you're doing your Cochrane review are there some  
 292 things you have to almost switch off or can you integrate them. How does that work?

293 It works because, it was a few years ago now, but we can still say on this evidence this looks as  
 294 though this is a treatment that may work but on an individual patient basis I would say to the patient  
 295 well look this looks as though it works but there's this this and this but what works best for you  
 296 might not be what it says in the evidence so I think I've kind of resolved that in some respects, within  
 297 my own head as to, yes you need to have evidence but you need to interpret the evidence for the  
 298 individual patient and your clinical practice and that's the bit...

299 And that's the way you sort of square the 2 paradigms so to speak

300 Yes, well you've got to or you wouldn't be able to work.

301 And just to go back to thinking about the programme, how was the writing?

302 The writing was interesting really! I suppose in the end, when I'd done it I was better at it than I  
 303 thought I would be. When I read my dissertation, I was looking at it in the library the other day and I  
 304 thought I can't believe I wrote this, its quite good!

305 Laughter You surprised yourself?

306 Did I know all these words?

307 So I suppose when I got into it, I took some satisfaction from it. I found it very hard to do. I did find it  
 308 hard. I just am not, I like talking about things, I don't like writing things down. When I have to write  
 309 anything, strategy documents or anything I'd love to just like to be able to go and say look lets do  
 310 this this and this and can somebody write it down for me.

311 So its an effort, its not something that comes naturally?

312 No that's why I don't publish things because I can't be bothered writing things quite honestly. I've  
 313 got ideas but I've published nothing basically and that's because I can't be bothered to write  
 314 anything - its too much of an effort

315 And just tell me a bit more about that effort, what it feels like, which bits are hard

316 (Pause)

317 Its hard, not because the ideas aren't there but actually writing, putting it in a way that's coherent to  
 318 others basically and that I can say things in a way that will be well understood in an intelligent way. I  
 319 don't like to do things badly I can't, I'm a perfectionist so in typical medical style I would not like to  
 320 have anything other than a distinction, I would have been very upset if I hadn't, stupid I know but  
 321 that's what medicine does for you um so the effort is not about the ideas, the ideas are always there  
 322 but its having the discipline to sit down and write it down and there is undoubtedly something about

323 writing it down that makes it different, and it did help because actually the slowing down of my  
 324 mental processes because that's what I do with everything, a stream of ideas and sometimes  
 325 reflection is not a bad thing!

326 So you got something out of having to write?

327 Oh absolutely and if I hadn't written it down I wouldn't have got so much out of it It was a very good  
 328 discipline for me it did demonstrate to me that thinking about things and writing it down did  
 329 generate more ideas and more understanding of what was going on. It was an effort because coming  
 330 up with the ideas or thinking things through is for me the easy and enjoyable bit and getting down to  
 331 writing down the detail is what I found difficult.

332 But you could do it – you did it?

333 Oh I could and there was a strange satisfaction in it but I spent a lot of time writing that dissertation,  
 334 many weekends and ..

335 It was a big sacrifice?

336 It was a big sacrifice!

337 Let me just see what we've covered...how did people react to you doing the programme and the sort  
 338 of things that you were coming out with as a result of it?

339 I think mostly I had quite positive responses because people recognised, the people involved in  
 340 training and education, recognised that there should be some expertise in it. We all got taught  
 341 clinical stuff but nobody got taught anything about education. I had quite a positive response to  
 342 doing the MA and I'm still referred to as the educational guru - now I don't think I'm one at all, I feel  
 343 like I know very little about it. But the proposals, the changes I made sometimes had some  
 344 resistance but when they were shown to work well then there was a lot of positive encouragement. I  
 345 wouldn't say there was no resistance to doing things differently but generally people were very  
 346 positive. I had a lot of support. Some of that was due to the vision of someone like IB who said go off  
 347 and do it.

348 And what about on the clinical side, you were working flexibly anyway, what did people say?

349 Well, I'm a very driven person and I've always been like that, I've always wanted to succeed. And  
 350 people know that about me so they tended not, and I was also pretty good clinically, it wasn't like  
 351 well she's going to do the education because she can't do anything else, well they didn't say that,  
 352 but that would be my perception.

353 Yes – which is actually quite crucial I think

354 Yes. I could have done the other things I just didn't like it or want to. It wouldn't have been my  
 355 strength. So it was fine. There was always a thing about being flexible but because I combined the  
 356 two. And they made a job for me at the end of it because they saw I'd got something to contribute.  
 357 Because I had something different. At the time, like you, I was one of the first through the  
 358 programme and there weren't many educators around who'd done the formal qualification Nobody



359 knew very much about it really. So it didn't, clinically, it was seen as a good thing, whether things  
360 were said at other times, well I have no idea.

361 Interview brought to a close – general chat about other courses.

## Appendix 8

### Examples of coded transcripts using NVivo from Stages One and Two

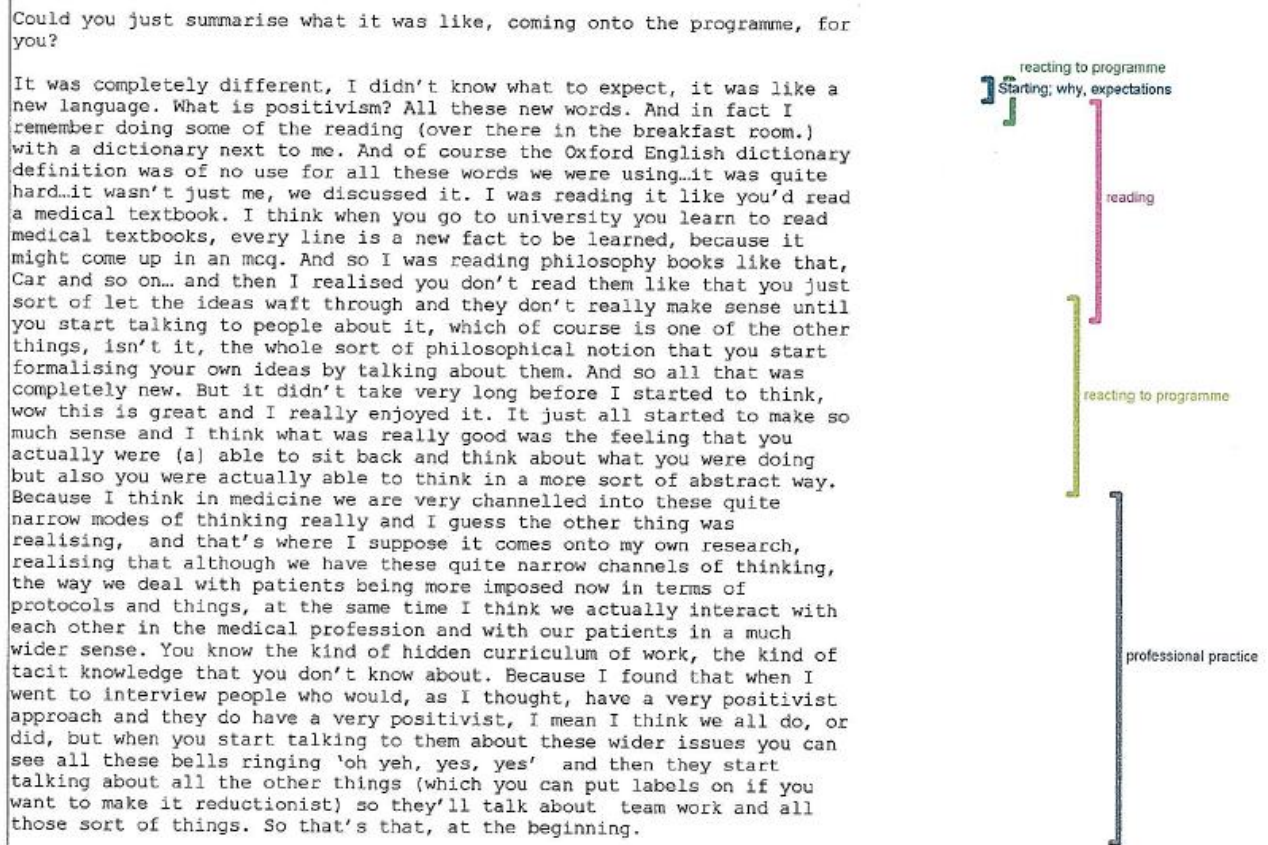


Figure 1 Example of coded text from interview with Annabel

## Appendix 9

### Stage Three: Correspondence with tutor group to determine respondent suitability

Depends what you mean by valid (typical response of the unhelpful supervisor!!!).

BUT this particular selection of subjects would give you a range of perspectives. That sounds OK to me. And in any case your data collection can, justifiably, be argued as being 'progressive', i.e. it is very likely to take you further and possibly in different directions (ones you haven't thought of at this point), and it might indicate the need for other perspectives (i.e. further, different data collection, and/or other, different subjects).

In other words, there's no 'right' answer to your question (what do I think?), only 'best' ones in the circumstances, a way forward you can justify, and opportunities to explore.

Does any of that help?

C

**From:** Jane.Bell

**Sent:** Wed 21/05/2008 09:20

**To:** Colin.Coles

**Subject:** RE: Purposful sampling

Hmmmm.....I think probably that is ok - it means I've got a variety of experience - I suspected that from my knowledge of them but thought I'd better check, to make the sampling valid (in some sense). What do you think?

J.

**From:** Colin.Coles

**Sent:** Wed 5/21/2008 09:16

**To:** Jane.Bell

**Subject:** RE: Purposful sampling

Thanks.

Interesting.

I'm replying just to you, so as not to contaminate the data!

Two of them might be 'strugglers', the other two might be 'intuitives' (though labels ought to be avoided - better to use functional descriptions).

Should I say which in my view is which (and should I say at this point or later)?

C

**From:** Jane.Bell

**Sent:** Wed 21/05/2008 08:59

**To:** Roger.Elmer; Colin.Coles

**Subject:** Purposful sampling

Dear Roger/Colin,

Thank you for suggesting 6 1st year students for my next interviews. I'm initially looking for 4 and you've both listed;

.....

Can I just ask if you think these 4 would represent between them a range of experience to illuminate the 'struggle' of the first module? i.e. I'm not by default picking a group that only represents one aspect/or a restricted view of the way students interact with the programme?

Thank you for your help!

Jane.

## Appendix 10

### Semi-structured interview schedule Stage Three

I am interested in the way in which the programme introduces the students to new ways of thinking about professional practice and education. I am interested in the way students become aware of these ways of thinking, respond to them and resolve the tensions between them.

#### Introduction

Background to the project

Ethics

Structure of interview

#### Questions

Experience of Module 1/the course so far

(5 mins)

Why did you come to do this programme, at this time?

Tell me about the first term/module.....

Expectations at the beginning

Initial reactions

It seems to me that the programme, and this first module in particular, might introduce you to new ideas, new approaches, new ways of thinking – what was this aspect like for you?

One aspect of the programme which is a bit different to many other similar programmes is the face to face group work. Tell me how that has been for you.

Being in the group

Formal and informal aspects of the sessions

The group discussions

Reflections on Assignments

(35 mins total)

Writing; tell me about writing the first 2 assignments, what was it like?

The process of writing

How approached it

What previous experiences drew on

Easy/Difficult? Which parts? Why?

What helped?

How was the supervision?

Reading;

Tell me about the reading?

New texts, easy/difficult? Why? How approached? What previous experiences drawn on?

How went about reading for the assignment?

Assignment one.

Can you tell me about this assignment, what you were saying?

Specific questions from my reading of the assignment, based on the themes;

Recognising 'new ways of thinking'.

Approaches to;

Professional practice

Professional development

Education

Research

Evidence

Explore how ideas of above change, how different to previous...

How become aware of these ways of thinking

How respond to these ways of thinking

What effect have these ideas had on you as an educator/ as a doctor?

Tensions? In thinking about the new ideas, accepting/rejecting.

Tensions between these ideas and those within the workplace – as an educator, as a doctor?

How resolve any tensions that occur

Assignment two.

As above.

The Philosophy of the module

(10 mins)

What did you know of the approach of the programme before you started it? What part (if any) did the philosophy of the programme (the approach) play in you deciding to come to do this programme?

Were you aware of this formal written philosophy of the programme before reading it for his interview? Has it been referred to in the sessions?

What do you know of the approach of other Masters programmes in education for medical educators? Do you know if this programme is similar/ different to them, in what ways?

What was your reaction to it (if you read it before you started)?

and/or what is your reaction to it now?

What relationship do you see between this written philosophy and the programme itself? Does it describe the programme as you experience it?

Explore – similarities, differences, what and why....

It describes a particular approach to professional practice and to research – what do you make of this?

What do you understand by this approach?

What sense you do make of it?

Conclusion

(5-10 mins)

You've now completed the first module and are part-way through the second. Can you describe now where you are regarding these ideas of professional development, practice, research etc.....

.What effect has the programme so far had on you as a clinician and as an educator?

Effect on them as educators and as medical practitioners. How has it affected their practice? Have there been any tensions between the ways of thinking on the programme and the 'prevailing view' in their practice? Explore these.

Any other comments?

Close.

## Appendix 11

### Interview Transcripts Stage Three

#### Malcolm

SpR in medicine, just at end of 2<sup>nd</sup> module, prior to writing that assignment.

NB Malcolm refers to the 'first 2 modules' these are both compulsory module one – each half leading up to a 2000 word assignment. His 'third module' is the second module overall – Curriculum and Course Planning.

- 1 General introduction to the project, ethics etc.
- 2 I'd like to start with why you came on the programme, why this stage and why now in your career?
- 3 Ok um I suppose it was looking for something else to do. I do acute medicine and the opportunities
- 4 in the true scientific sense of the phrase are um are limited its not well established um so there was
- 5 that feeling that you wanted to do something else and having finished Membership 5 years ago, or
- 6 whatever it was, you just needed something else other than work to do um and the 2 sort of popular
- 7 courses around are ethics and law, and education and I looked into both, um I like teaching I get
- 8 enjoyment and satisfaction from it and I do it a lot and so it seemed that was the obvious choice and
- 9 to be honest it was just chance, I happened to be doing a ward round I spoke to someone who knew
- 10 about this course and who emailed me the details the following week and I thought fine, its local, its
- 11 good, its affordable. I didn't really read it into the this is the ethos of the course I just thought fine,
- 12 its kind of what I want to do, it fits with my time frame, let's do it and that was it really so an interest
- 13 in teaching but no real knowledge if you like of education in a truer sense um and it happened to be
- 14 handy.
- 15 Which is often the case, so you didn't look at any other, distance learning or anything?
- 16 No, I looked at distance learning Ethics and Law at Keele which was the only other thing that I looked
- 17 into um and I, that was based on, you had to attend 4 or 5 weekends a year when you went up there
- 18 and I kind of thought, although at the time I don't know what my reasoning was, that that probably
- 19 wasn't as good as once a week, 2-3 hour sessions, where it was fairly flexible, where if you didn't
- 20 attend it wasn't the end of the world um and I just kind of felt that actually although this is distance
- 21 learning like its local distance learning as opposed to real distance learning and it just for some
- 22 reason didn't feel right.
- 23 Mmm ok so presumably you came with a fairly open view of what you were going into. What did you
- 24 expect?
- 25 Um I hadn't, I mean you get a course booklet or something which I admit to giving a cursory glance
- 26 to I'd already decided that I would do it and give it a chance. I'd read that you can stop after one
- 27 year, two years or three years so I figured, even if I only do it for a year and really don't like it I
- 28 should get something out of it so I really came into it with no idea as to what the course entailed,
- 29 what it was setting out to achieve um I think I, like most other people I've spoken to starting this
- 30 course felt that this, we've often used the phrase this would give you the ultimate power plot scale
- 31 and we felt very much coming into this that this would enable you to teach better, by that sense



32 standing in front of a group of people and delivering information and I suppose being honest that's  
33 what I came into this thinking my concept of teaching and education was this, standard scientific put  
34 the powerpoint on and deliver information but in a cool way that people could understand and get  
35 something out of and think that you were wonderful so I suppose that's why I came into it and that  
36 was my impression coming into it that that was what this course would enable me to do.

37 So how did it feel when you arrived?

38 Um it felt very strange, not intimidating, intimidating in an intellectual sense as opposed to a  
39 confrontational sense, but intimidating in an intellectual sense and it just seemed that you'd  
40 completely stepped out of what you knew and felt comfortable in, to something that was alien and  
41 quite uncomfortable and certainly most of the first module you'd spend all the 2 or 3 hours on a  
42 Friday morning having no idea what was going on and being completely unable to even engage in a  
43 conversation because you just didn't understand the terminology, didn't understand what people  
44 were driving at, and you went home feeling very uncomfortable, as most of us do when we're in a  
45 situation where we don't really understand what's going on, and going home and reading the  
46 passages that were given to us and really, easy to read, but what is this trying to get at, I've got no  
47 idea and I remember distinctly until about a week or so before we had to write for the first module  
48 still, we were all sat there thinking what does this question mean, I don't understand what it's trying  
49 to get us to write and uncomfortable I think was the only overriding feeling from, from, going from, I  
50 know they say it quite a lot, we're all well educated people, lots of us have travelled, seen lots of  
51 different things, we've all come across lots of different ideas, and yet this was completely completely  
52 alien to anything I'd ever done in my life and I know a lot of us found it like that and it felt awful (he  
53 laughs)

54 Did you think of stopping, of giving up?

55 Did I think of stopping um no because I wanted to see it, although it felt awful it wasn't like I was  
56 going to have to do it every day (laughter – both) it was fine once a week and there were one or two  
57 things that cropped up that aroused my interest. The first module was quite philosophically based, if  
58 such a word exists, and one or two things, I can't remember what they were, just aroused my  
59 interest of how we learn and um it's interesting cos one thing this course has taught me is reflect and  
60 think back and you do, you're always looking back and thinking and I don't know what it was that  
61 kept you going but something about it just struck a chord and um I distinctly remember in, probably  
62 once or twice in each session, that somebody would say something and it would ever provoke a  
63 discussion for 5 or 10 minutes or something and what people said kind of inwardly rang true and you  
64 thought that's what I'm feeling, be it frustration about why we don't like protocols or why we learn  
65 or why we teach stories to children, something innocuous entirely, someone would say something  
66 and you'd sit there and think that's why I feel like I do whatever it is or that's why that works when  
67 you teach it and so something there aroused interest and made me want to learn more so no I never  
68 felt like I didn't want to do it, I felt out of my depth, uncomfortably out of my depth, but never felt  
69 like I wanted to stop, it made you want to learn more and find out and be able to talk and interact  
70 and use that language um to the point where you looked forward to Fridays and come back and do  
71 it.

72 Can you say at what point it stopped being uncomfortable and you started to look forward to it?

73 It waxes and wanes, with each, I know because last night I wrote the evaluation for the last module  
74 um which I didn't find as good as the first 2 and I was trying to think why and um I've had lots of  
75 other stuff going on over the last module, which I suspect is the real reason why I didn't like it um  
76 but looking back I found with the first 2 modules that a concept of some form would be introduced  
77 that I would have no understanding of and you'd feel uncomfortable and out of your depth and then  
78 you do some reading you come back and discuss and you get a little bit more comfortable with that  
79 concept but a new concept would come in and you go back to those concepts each time so it was  
80 kind of like waves coming up on a shore and I think um Colin said its a bit like seeing a lighthouse  
81 through the fog and it kind of comes and goes, comes and goes and it was very much like that and  
82 certainly by the time we got to write the assignment by the end of the module um certainly by the  
83 2<sup>nd</sup> compulsory module where you already had a feel for what was going on, you weren't starting  
84 from zero, by the time you got to write it I was bursting with ideas, I've actually got some thoughts  
85 on this and I agree with some of these and I disagree with some and I can give reasons as to why um  
86 and it felt good and then you come back and start another module

87 which is a slightly different concept and that uncomfortable feeling reoccurs cos its starting again, so  
88 it never really goes away but as you come more familiar with this style its become less, less of a  
89 shock, so certainly the first module was quite a shock and hard and with each module you still  
90 had that shock at the outset of the module but its not as profound as that first time that you did it.

91 Right, ok um and can you tell me about the groupwork, what that was like for you?

92 Um, it was often we were split up in groups with 2<sup>nd</sup> years, and I don't think that it got as much out  
93 of it had you all been first years because you needed someone who could drive the conversation a  
94 little bit and could prompt directions in which you should be thinking, because you didn't even know  
95 what, what I should be thinking or how I should be thinking, it wasn't as if I don't know this bit of  
96 knowledge I just, I don't know how they're trying to make me think here and it was in concepts that  
97 again just completely alien so having, in the group, having someone who had done a year or so of  
98 this previously, at least kind of steered you down on the right lines and I think without that working  
99 in groups um I wouldn't have progressed or understood in the way that I would have done. Everyone  
100 sort of explained things in a slightly different way, it all built up to a greater understanding I was  
101 quite fortunate I seemed to work with m who's seems very on the ball and um and helped a lot at  
102 getting you through that, certainly I've worked a lot in other groups where that's not been the case  
103 and so I think there's a lot of it is very dependent on who you work with and the personalities within  
104 the group um again you find its embarrassing at times because you felt so out of your depth and  
105 sometimes you'd come in knowing that you had to talk or present something and you felt very  
106 uncomfortable, not so much standing up in front of other people, most of us have kind of got over  
107 that, but just uncomfortable in that you weren't sure if what you were thinking or saying was right  
108 and I know when we've worked in groups we've often kind of finished and looked at each other and  
109 said 'is that what we're supposed to have done?' um which, thinking about it even more, is probably  
110 a good thing cos I think any thinking about something, is there a wrong thing to think, probably not,  
111 um but working in groups enabled you to to share what you were thinking and I suppose its a bit of a  
112 cliché that everyone's having the same fears but we probably were um and everyone had their own  
113 slightly different take on it so working in groups just allowed you to be uncomfortable some of  
114 those uncomfortable feelings that by the very nature of what it was or being different to what we'd  
115 already learned, just blurred the edges a bit I suppose and made it more comfortable and made you

116 feel more comfortable in talking about concepts where um you don't really know what you're  
 117 saying, you do, but not really so

118 And were you able to share with other people in the group that feeling of being out of your depth  
 119 and not knowing whether you were right or not?

120 Um, very rarely as I think back in the groups during the time, but when it had finished and everyone  
 121 switched off um walking out to the car was the most educational moment of Friday mornings um  
 122 which again is interesting and it even gets you thinking about, about but no that would usually be  
 123 the time we'd walk home and people would go 'I still don't understand what we're supposed to be  
 124 doing for this assignment' and it wasn't we've got 2 weeks in, we're 6 weeks in or 8 weeks in and I  
 125 still don't know what does this mean, what does this phrase mean, um and so in groups that very  
 126 rarely came to pass but walking outside, one to one, um it always happened, always happened and  
 127 that reassured you and I think that's why you come back (laughter, both) I think if you didn't have  
 128 that not so many people would come back!

129 So we mustn't move the car-park too close – its really important

130 No no I think that, its interesting people don't really talk about it at the coffee break, people talk  
 131 about their holidays and how's life and its only when it kind of finished from my experience that  
 132 people go 'I didn't understand that, I didn't get it' um and a few people get the train back or walk  
 133 into town to do something and so often there's a 20 minute walk with one or two of you and um  
 134 that enabled a lot of fears or feelings of inadequacy, that walk, so it

135 That's really interesting, thank you. So what was it like when you came to write the first assignment?

136 Um it again you feel, I'm trying to remember how it felt and how to put it into words really, you,  
 137 having gone from being fairly confident about most things that you've had to write in a medical  
 138 sense, to writing something that was um personal, was strange writing about I and how I felt was  
 139 very strange, and the concepts that had been introduced in the first module, it was hard to know  
 140 again 'what am I supposed to be writing?' and I know I wrote, well I think this is what I think they  
 141 want me to write but I will accept if they turn round and say actually you've got completely hold of  
 142 the wrong end of the stick here and I think most of us, on our car park walks, had a little bit of, of  
 143 perhaps braced ourselves for well actually they might come back and say 'you've completely got  
 144 hold of the wrong end of the stick' and I certainly remember when they handed them back and say,  
 145 well certainly when you do the draft copy and they hand back the copy, 'actually this is really good,  
 146 this is kind of what we want' there was, I remember feeling surprised, and I remember feeling that  
 147 not 'this is rubbish' but 'I'm not sure this is what you want,' I was surprised that actually this was  
 148 considered work and there was um I suppose a bit of relief, a bit of pride, that right that is ok, I can  
 149 do this, because underneath you're feeling a bit um intellectually battered and um it, it made you  
 150 feel a bit good about yourself

151 So that's kind of a pivotal moment really?

152 When you get the first, I, I distinctly remember my feeling when that first came back and saying  
 153 'you've done alright' and that was a real shock because when you put that in its just 'I've got no idea'  
 154 I've never written anything like this before um its almost more akin to your um earlier schooling  
 155 what you did on your summer holiday um but I suppose it was you were writing about you and how

156 you felt um but I know that was the kind of writing side but it was totally removed from how you felt  
157 you'd done and I know from kind of week 2 my outlook on life and learning and medicine completely  
158 changed, pretty much overnight and I know when I speak to other people and say 'do you enjoy this  
159 course and what's it like?' I say to everyone that 'its brilliant' in the fact that it's something non-  
160 medical and its completely different and it really gets you thinking, it really is 'question everything'  
161 is effectively what this now tells me, um that's good cos i saw a bit of graffiti on the wall, it said  
162 'question everything' and someone underneath had written 'why?'

163 (laughter - both)

164 And um that really sums it up and I do I find myself questioning everything I've done, why I've done  
165 it, in medicine and in life generally and always reflecting as to as to what the true meaning of that is  
166 and from really early on, in other words how does this affect what I do, and I found that within 2 or 3  
167 weeks I'd completely changed how I interacted with people in work, how I taught people the way in  
168 which I taught people and what I taught people, I used to give people long lists, mnemonics, I don't  
169 think I've mentioned mnemonics once since I've started doing this um, and that was really profound  
170 and that struck just as to how powerful this kind of talking and reflecting upon why, without anyone  
171 telling you how to teach or do things, you had changed yourself just by thinking about what you  
172 were doing, and why and that still gets me as to how profound that was in changing my outlook  
173 more so by the second module coming into that I really felt I look foreword to the second one, a lot  
174 of it was on professional judgement how we think how we learn and everything in there, I thought  
175 was fascinating, really into it, and when I interviewed people for part of that and stuff they said was  
176 just, it was, I know they say you shouldn't come out of it saying 'this is ground-breaking' but it felt  
177 like it to you because I'd never thought of it in that way before and it really, I could feel my  
178 understanding kind of accelerate, it wasn't linear it was, well not exponential, but it was increasing  
179 with time and my understanding and my change in my own practice kind of seemed to be evolving  
180 all the time on a weekly basis um it felt really good, it felt really good and um as I say when I tell  
181 people that and people ask about the course that's what I say, is good, what you write and that is  
182 secondary now to what effect its having on, on what you do, I appreciate that by doing that um  
183 reaffirms what you're doing on a day to day basis but um really, really profound that's all I can

184 Can you say something, you said that its changed you profoundly as an educator, can you describe in  
185 what ways?

186 In what way, well I'm trying to think of an example, if I, I like, I'm trying to think of a way of how to  
187 encompass it. I know what I do now, I'm trying to think of how I used to do it. Someone would come  
188 in with a medical problem and previously I would say to them 'what are the ten causes of having a  
189 low sodium? great, fine What antibiotics are going to give? Fine, away you go' and now someone  
190 would come in and rather than say um 'what are you going to do?' it'll be 'what do you think? what  
191 have you found? tell me what you've found um and why, can you explain to me, why you're doing  
192 what you're doing' so rather than asking for lists, hard facts, I've changed and I'm going into the grey  
193 area of 'why do you think this person's unwell? Why do you think you're doing this? what do you  
194 want to do to treat them?' not 'this, this, this, what do you want to do?' but 'why?' and I'm finding  
195 I'm questioning them more now than they're questioning me and getting them to tell me what  
196 they've done and why and using that as a way to get them to learn, as opposed to me telling them  
197 and I've tried thinking about that quite a lot and that's, I kind of think, analogous to how we were

198 taught. We sat in the lecture theatre and someone spoke to us and so that's what I've done to  
199 people and by doing this, which is asking us to reflect and think on how we learn and why we learn, I  
200 thought 'what do I want when I'm asking a Consultant? What do I want to know?' and its not facts,  
201 its why? and why do you make that decision? and what information did you use to make that  
202 decision? and that's been quite subtle, its not been an overt thing I've suddenly realised that a, a big  
203 light bulb, that's what I need to do, its suddenly dawned on me, and it is very subtle um and perhaps  
204 to an outside observer they would say 'you're not doing anything differently' but you're kind of  
205 allowing people to find out and learn for themselves and you're kind of facilitating them as opposed  
206 to telling them and that's what's changed, although as I say I think people would say that's quite  
207 subtle but I think its really fundamental and its 'I don't know anymore, you know more facts than I  
208 know, I'm forgetting it by the week' um but why I do what I do is becoming stronger and that's what  
209 you need to learn and so I've changed completely since then and I've, its quite gratifying cos I've had  
210 so many people come back and say 'that was great' and things like 'I wish other people taught like  
211 you do' and I've had nice letters from students who've come back and that didn't happen before.  
212 People would say 'oh thanks very much' and they'd walk away er but for people to come back and  
213 say 'you know, I've thought about what you said over the last week or so' and usually 'I've got more  
214 questions,' fine! That's great. I've still got questions and that never goes away, that's good and and  
215 so its its in that manner I think I've changed from giving to allowing them to figure out for  
216 themselves and supporting um which to me I think is quite profound um to the point where I want  
217 to change everything, I want to change the world now. Everyone's doing it wrong. And so yeh that's  
218 what's changed so far in I don't know when did we start in September um so 9 nine months and I've  
219 probably been doing it like that um change since into the New Year.

220 So it took maybe 3 months?

221 Yes 3 or 4 months before ii understood what i was doing wrong could I have been doing that before  
222 and not been conscious of it having changed possibly um but that's when I became conscious of the  
223 fact that I was I had changed what I was doing and then consciously started to do that and change it  
224 so yeh March March/April time yes it was just before my daughter was born, life changed a lot!

225 (laughter – both)

226 And what about you as a doctor towards your patients has that had an effect?

227 Um I I think I, I think on my strengths is communicating um I don't think it was but then things  
228 happen, you become ill, friends, family become ill and you're on the receiving end and you suddenly  
229 realise that actually what you want to know, what you want to bane told um and what's important  
230 to you and I suspect that happens to all doctors although some people don't seem to take it on  
231 board so you're already, I felt like I had already had a couple of profound changes in my life as to  
232 how I treated patients and how I look after them, spend a lot more time explaining why so in many  
233 respects I'd already been doing to the patient what I've now been doing to doctors, so in terms of  
234 my kind of interaction with people and what I do there and then, it hasn't changed it but but where I  
235 have changed again is all part of this question everything um why, why have I done that? in the  
236 same way that I I'm getting the, I say students, SHOs and junior house officers, why have you done  
237 this? I'm doing that to myself um and I suppose we all kind of did that already, I think all of us if we  
238 come up with something we don't know, we go and look it up, um but it became more than that. It  
239 became questioning why I made this decision not, what's the incubation period if whatever disease?

240 And rather than looking up facts I'm now kind of looking well why and why did I make that decision  
241 and in the same way that in order to teach something to someone else you have to learn it very well  
242 yourself, in the same way that I was now getting the students to kind of explore why they had made  
243 that decision cos most of them know why, do it without thinking and trying to get them to  
244 understand why they've done it I found I was doing that to myself and um sometimes that was kind  
245 of easier, sometimes it was very difficult a lot of the time it came back as, I don't know why and um  
246 again feeling uncomfortable again but that would make you kind of try and sit down and think about  
247 it and mull over it in your head and I've certainly found I'm doing that a lot more thinking why I've  
248 made decisions and as opposed to I didn't know that bit, I'm going to look up this drug and and  
249 that's been the change from looking up what I now know is called propositional knowledge to um  
250 kind of more understanding and I think that's what certainly this had been trying to um get us to  
251 appreciate is that what we do is not only, is that that's just one part of it and actually a lot of what  
252 we do, and probably the greater part of what we do, is all the bits around it um which I'd not really  
253 thought about before and so I suppose what it has changed in me is that, not so much what I do to  
254 other people but its it probably does indirectly and you can use it to reflect on yourself, by  
255 questioning yourself, why have I done that? why am I doing this? um what's my justification for it  
256 not as in a ebm kind of thing but almost in a moral sense if you like um so yeh its changed that again,  
257 that was probably about the same time period um sort of early spring

258 And obviously the evidence that you've taken in your assignments is a very different sort of evidence  
259 than evidence based practice um has it changed your view of evidence based practice and evidence  
260 that you read about in the journals?

261 Its kind of, yes initially you kind of have this rebound, when I started on the course it was like 'this is  
262 strange but I'm willing to embrace a new concept' and then it comes from the other way where it  
263 was 'this is the only way to go' and actually 'this feels intuitively more appropriate and right' and  
264 you're kind of railing against all kind of evidence based medicine and then its, its perhaps almost a  
265 victim of its own success, cos now I am kind of going full circle and now I'm questioning this 'well  
266 who's to say this is the right way?' um not as in I want to go back to that, but actually well now I've  
267 got 2 concepts and now I'm going to approach both and I question everything, both why, who says  
268 this is the right thing, getting very cynical and saying well actually these are all the reading books,  
269 the books you need to read for this and they're all written by us, actually I'm only getting one view-  
270 point here, is this the right view-point? Right being a word I can't use easily anymore. This is a view-  
271 point and it reflects one or 2 people's views and again I doubt whether I'd have questioned that er  
272 6,7, 8, 10 months ago, certainly not this time last year, I wouldn't have done it, um so I'm certainly  
273 questioning that information now and um but still intuitively feeling that this is right because so  
274 much of what we've done has struck a chord that felt right and I felt at ease when I read things and  
275 said things or other people have said things, inwardly that's right, I feel at ease with that, whereas  
276 with other things I haven't and I suppose you're kind of coming to the point now where you're  
277 appreciating that there's a time and a place to use every bit of information er and data now means  
278 different things and its not better or worse or right or wrong, its just further information you can use  
279 to strengthen your own understanding of an argument, whatever it is you're doing, which again is  
280 very similar to medicine and that's what we do, we have lots of different bits of information, we  
281 have to try and make a black and white decision out of um grey information as I call it and I think  
282 that's what this has done so initially that big turn against anything scientific to 'that's rubbish, let's  
283 go with this' and now actually going back and 'is this right, who says this is right, is the science

284 wrong?' maybe there's a third option which is the right way so which is good and I find I'm often um  
285 questioning everything. who says this? but it was a real shock to use, I mean the second assignment  
286 to write a whole 2000 words on one sentence that someone said and could I have conceivably done  
287 that or would I have even conceived it as something that I could do 6 months previously, not at all  
288 and had anyone else come up to me and said that I would have said 'thats a load of wishy washy  
289 nonsense' and I probably would have approached by saying that's just nonsense, what relevance has  
290 that and to be able to do that felt good, it didn't feel wishy-washy at all, when you were writing it  
291 you didn't feel 'this is just a load of nonsense' that just doesn't mean anything, it felt what you were  
292 writing was right and was um truly reflecting the points that you were trying to get across and what  
293 was actually happening in ways that otherwise couldn't and I suppose that, that has stayed so um  
294 with regards to this kind of data that's a very qualitative type of data, so the fear that there is, having  
295 gone from not considering it all, to now giving qualitative type data equal footing um is, I can't think  
296 where I'm up to, what I'm saying, achieves equal importance and I now would look on this kind of  
297 data in a new light and would still criticise it and enquire into its validity as much as perhaps you  
298 would anything else but I'm not a statistician and I don't like numbers, I don't like maths and so I  
299 don't really like that type of scientific data um anyway so I find this easier to interpret in many  
300 respects, but which is good because before it had no voice, but now it does through doing this  
301 course

302 And we would want you to be searching and thinking and critical, its not a religion! Its an  
303 intellectual, rigorous process, absolutely. I wondered what the actual process of writing was like  
304 because doctors don't tend to write very many words

305 No as in

306 As in sitting down and writing 20000 words

307 Um

308 Cos you write quite fluently I wondered where that came from?

309 I like reading, I do a lot of reading I like reading classical novels and er when I've got the time I much  
310 prefer to sit and read Dostoevsky than Kumar and Clark or something like that and um and I like  
311 music, I write songs, play the guitar and so I suppose there is a bit of creativity there um and I feel  
312 quite comfortable doing that and although when writing it was what was hard was questions like,  
313 what am I writing, what do they want me to get at but when you were actually sat down there and  
314 were writing if I just let myself go and said well fine lets just write how I felt, it felt very easy, is easy  
315 the right word um I often found that sometimes I found that I was being too kind of um not verbose  
316 almost too poetic, but certainly on the earlier ones where it was 2000 words, I found that I cut whole  
317 paragraphs out of just this is how I feel um and so once I started I found it actually quite good to  
318 keep going I didn't find that so much of a problem um what to write was in terms of content was  
319 difficult because as you say doctors don't write this kind of thing and certainly at Cardiff we never  
320 wrote an essay once, the last time I wrote an essay in anything was 13 years, 15 years ago but most  
321 people are in the same position um so actually writing again was um kind of liberating we don't  
322 write things down as doctors, we're always rushed and we don't give it any thought and to actually  
323 have the time to sit down and reflect on something and think and write about how you felt, it was  
324 almost like writing a diary, certainly this first one and I know when I'd finished writing I'd sit there

325 and be riding my bike somewhere and mulling it over in your head, it's an hour's drive to Salisbury  
326 you'd sit there thinking about it going in and it felt, the first one was quite cathartic in a way but  
327 even writing the second one I found that you were expressing what you truly felt and so I didn't find  
328 that difficult as such um um but as with other things getting started once you're into it its ok the  
329 type of language and writing in the first person um I didn't find so much of a problem, had I done  
330 more scientific research type thing I know some of the other guys may have done MDs and PhDs in  
331 gastro and things like that, they may find it harder, you're almost starting with us from a clean slate  
332 not having done it for 14 years, so yeh I remember feeling quite liberated, a bit embarrassed

333 Embarrassed, why?

334 Um, well by its very nature you had to write about something that was personal to you and um and  
335 so and a lot of what you were writing about was how you felt and why, and that's by definition very  
336 personal, whatever it is

337 You feel quite vulnerable?

338 Yeh, you were kind of wondering whether people would look on this and be critical of you as an  
339 individual and that certainly went through my mind and I know I I, this was almost like the 3<sup>rd</sup> one  
340 that I wrote, I started off writing something about something medical

341 Oh ok so you changed incidents

342 Mmm I started off and I just felt that my heart is not in this I cant write how I felt about this cos  
343 actually I just didn't care and then I wrote about something else that was slightly more personal,  
344 actually learning to play the guitar and getting my dad to teach me, which was quite a big step um  
345 and again that didn't feel quite right and then I don't know why, I'd never thought about this  
346 incident before in my life, in fact at one point I just sat there half way through writing and I suddenly  
347 realised I was thinking about this and changed and actually write most of it in the space of sort of 2  
348 days of what I wanted to say, it was kind of cross-referencing it to literature and that took a little  
349 while longer but the meat of it um and and reflecting so yeh although I didn't write the first one  
350 down, it kind of evolved in your head from one to another and I wrote the other one down and then  
351 changed it probably about a third of the way through um into this it just kind of evolved so um and  
352 again that wasn't really a conscious decision it just happened

353 So there was a lot going on during those drafting processes, developing ideas

354 Oh yeh it was, I mean you're developing on 2 or 3 different levels, you're, because it is so alien to  
355 you and I remember going and buying a book on philosophy and just a beginner's guidebook to that  
356 and starting to read that as well and got really into that as to why we as humans think the way we  
357 do and um and again that's one of those things that really grabbed my attention and got me reading  
358 and since then I've read 3 or 4 philosophy books um at the detriment of reading curriculum but

359 (laughter – both)

360 But so that interest has been prolonged but um you were learning the language and the concepts on  
361 one front on another front you were reflecting on yourself and your own things and on another you  
362 were learning to write so there was 3 quite distinct modes of thinking that were all going on



363 simultaneously, sometimes independently and at times interacting and I remember it was dark and  
364 cold and spending a lot of time indoors, just thinking about it in a way I wish I could kind of have  
365 written down what I was thinking about at those points in time cos there was a definite shift in how I  
366 think over those 3 or 4 months and in was interesting when I read these, I read the first one and  
367 thought ooh that's alright its ok and then I read the second one and thought that's really quite good

368 You could see a shift

369 Yeh and and I can almost feel that my ideas in this one were quite naive and this was getting there  
370 and was right and I'm sure in a year's time I'll look back on this and think that's naive and wrong who  
371 knows but um also the clarity of them I think, although saying that I never thought of these as my  
372 idea before, so yes I suppose you never really thought of it, but it was refreshing, despite its a word I  
373 keep using, but I came on a Friday and it would just be so different to what you do Monday to  
374 Thursday, not so much as in subject, but as in way of thinking, as in quite abstract, and again always  
375 thinking about why and and I'm trying to think, how I can, I can remember how I felt but I find it  
376 quite hard to put into language, but yeh just that feeling that I'm going to be coming on a Friday and  
377 I'm going to explain why I've done what I've done this week and, well I don't go to confession but it  
378 almost felt like you could cleanse how you're thinking for the week, and I find that really um novel  
379 cos nothing else I'd done, no other course or study day or time management course which never  
380 seem to teach you anything, um nothing's ever achieved that and this did. I appreciate in terms of  
381 sheer hours and timescale it was a much longer process, but it was a totally different way of thinking  
382 and its the only thing that's changed the way I think, its a bigger kind of shift going from sixth form  
383 into university and equal developmental step if you like in how I view the world, how I think about  
384 things um and er and um again and that seems to be progressing

385 What about the reading, how did you find Pring and his friends?

386 Um some I found much much easier to visualise what they were trying to say than others, I mean  
387 there's reading and there's understanding, and I could read Carr and Pring, did I take it in? no did I  
388 understand what they were getting at initially? No. I think you'd find that I'd write out one or two  
389 quotes maybe and very kind of obvious quotes um that you could then use and um I forget, there  
390 were some others that we read, that were easy to understand, easy to visualise

391 Golby and Parrots often a bit more straight-forward

392 G&p was much easier to read and easier to understand the concept I found, and almost that drove  
393 your understanding of the other 2 had I read the other 2 alone without g&p I think I would have  
394 struggled um but was made very clear early on, there was no impression 'you must understand this'  
395 it was 'actually you will find this hard' um you will find that you will go back to it and it will make  
396 more sense and that's been absolutely right. I've gone back to, I brought a copy of Carr um on ebay  
397 and um other books and gone back to them and read them and they make much more sense as  
398 times gone by understanding has risen on the concepts um certainly in the first module we had a lot  
399 of reading weeks and I found those ideal I'm kind of quite slow my understanding of things tends to  
400 be a slow gradual understanding if I truly want to understand something I have to think about it, and  
401 think about it, and when I understand it is not when I'm reading it I'm thinking about it 3 or 4 days  
402 later and certainly when you're doing lots of other things having reading weeks a little chunk to read  
403 in a 2 week period you might get more chance where you can read that, and then you've got 2

404 weeks where you're thinking about it and regurgitating it mentally and so I found during the first 2  
405 modules the um the way things seemed to be done, I understood, I slowly kind of got to grips with  
406 the reading material, again it was like for the first 2 or 3 weeks you were reading with no apparent  
407 kind of improvement of understanding or knowledge and then all of a sudden it started creeping in,  
408 and you'd get this growth in understanding that seems to accelerated towards the end as things  
409 start to come together, I mean its integrated nicely with the Friday morning sessions where we'd  
410 often re-explore themes and when you have a good kind of discussion on a Friday morning, which  
411 has gone over the concepts, you feel great, you go home, walk back down into Winchester, have a  
412 coffee, its all buzzing and you sit there for half an hour and I always used to take a book and I never  
413 used to read it. I always used to sit there and think over what had been said. I used to write down  
414 what people had said, one lines and use that more often than quotes from books cos that kind of  
415 seems to put it into a better context than books, which seem kind of a bit removed, and again just  
416 comparing it with the third module which we've just done um that's, I find that I've struggled in this  
417 third module, because I haven't been able to get the reading done in time, I haven't been able to  
418 have that slow assimilation of new concepts, there's been a lot of bulk reading to be done and on a  
419 week by week basis and so whereas before you'd get one chance in a fortnight to do that one thing,  
420 you're still only getting one chance in a fortnight but by that time you're 3 or 4 chapters behind so I  
421 know what's happened is that I've ended up where actually by Christmas I've ended up reading  
422 everything in one bulk, so have I taken it in? no have i understood it? no have I had that gradual  
423 assimilation and sort of heightened awareness of what we're talking about? no and although the  
424 language used has probably been easier I think in the curriculum module and the concepts involved  
425 by and large I think are easier to visualise maybe that's cos we're getting better at it um from the  
426 first 2 but I find my overall understanding of it is much less I don't feel like I've evolved during this  
427 time

428 Its been less rewarding

429 Far less um and again why? questioning and I have to start off by saying well my mind has been  
430 taken up with babies, just taking up the time, I've just found I've not had that time. We've talked  
431 about things on a Friday morning, almost kind of rather than kind of reaffirming what you've read,  
432 we've not really done that this time and again that might be just my interpretation, but rather than  
433 exploring issues and then moving on, like a tide moving in and out, so you're kind of covering  
434 material at times but at the same time making yourself uncomfortable cos you're exploring new  
435 boundaries um that didn't happen we just seemed to kind of muddle on one or two topics without  
436 really kind of progressing through or developing it so I feel like I've come to the end of this module  
437 and I'm almost none the wiser and whereas on the previous 2 I felt enlightened and enthusiastic  
438 and I'd changed, I don't think that's been the case with this one and, which has been frustrating and  
439 a bit disheartening um at this time on the other 2 assignments I'd been raring to go, I want to get  
440 these ideas out on paper. now its just I don't, I've got nothing to say at the moment and I've got no  
441 ideas to put down which is going to make August quite a hard month I think. I've tried to think of  
442 why that would be the case and its um again I think its to do with personal circumstances probably is  
443 the explanation but I certainly found that the volume of reading and the timescale didn't enable me  
444 the time to assimilate things um and so I haven't changed. I don't feel like I've changed at all over  
445 the last 3 or 4 months that must be the nature of it where as this very personal, how do you do  
446 things, this is more removed and looking as an overview so um yeh a little bit disappointed I suppose  
447 is my overall

448 (At this point we diverted from the interview for a few minutes and talked about the curriculum  
449 module.)

450 You started off by saying in your second assignment “case case study when properly conceived has  
451 been advocated as an alternative non-positivist form of educational enquiry for research  
452 practitioners to conduct” and I suppose one of the implicit things in that statement if you like is that  
453 there is a positivist and a non-positivist approach which you presumably wouldn’t have been aware  
454 of at the beginning

455 Not at all, as I say that was where you kind of have this kind of rally against, well no actually before  
456 this comes, before the course started did I know what positivism was and was non-positivist  
457 approached were? no never heard of it never given it a second thought and that one of the steepest  
458 learning things which we had to learn in the first assignment

459 You didn’t know you were in an approach

460 No, never even thought about it, I’d never even questioned, I’d started questioning before I started  
461 this course as well; just because we’re saying things are right now and we take it as gospel who’s to  
462 say in 50 yrs time it wont be wrong, 200 yrs ago this was the right way of doing it and its been  
463 proven wrong so there’s no reason why it shouldn’t change in 50 yrs time really, so I started thinking  
464 that off my own back if you like maybe that’s just cos I’m 30 and getting cynical but that’s good so  
465 keep it up but I’d certainly started questioning information, who said its right but didn’t have any  
466 background or any um voice other than that I couldn’t explain it and I couldn’t criticise it so one of  
467 the things when I started reading this, oh someone else has thought about this, great and I looked  
468 into it and although I still struggle with some of the classification, if that is the right word, positivist  
469 was of thinking non-positivist way of thinking and actually I remember asking, one of the things that  
470 came up you can’t be positivist and part non-positivist and I think you probably could, its a false  
471 dualism yeh and I think it is a false dualism and um but even the fact that I was thinking is this a false  
472 dualism? represented a massive leap in my way of thinking and um and certainly the sort of non-  
473 positivist approach for what we’re doing here and I have taken on board fully I think that when  
474 you’re dealing with people and human interaction, human behaviour, I think it probably is the only  
475 way to go. I think it is, I think it’s far more valid than other approaches and numbers and I do think  
476 by doing this kind of thing you actually get to the heart of what we’re trying to say and what we’re  
477 trying to prove um what do I use as the basis for that? my feeling, in that when I’ve done these  
478 things, because that seems to back up how I feel in ways that previously when I’ve seen data  
479 presented in a positivist approach it’s been meaningless what does that mean? as in what does that  
480 actually reflect? um and so to actually take on board that whole model, to be even aware that  
481 there’s an approach, I’m in an approach, I’m in a paradigm, um I didn’t even know you pronounced  
482 paradigm! I was going on para – digy-m until I started off and so yes to start off with pronouncing  
483 paradigm properly and understanding what a paradigm is, that I’m in one, to appreciate that there  
484 are others out there, that overlap um and you kind of you peak and trough in your, this is right,  
485 that’s right so I presume we’ll end up somewhere in the middle, again I think is why I felt it was so  
486 exciting cos you felt like you were being able to explain life, that’s bit strong but how you think and  
487 why we do things and it gave me a gave me a vocabulary to explain my cynicism with er with certain  
488 ways of presenting data um although then it’s frustrating cos you say that to everyone else, and  
489 everyone else is in this positivist paradigm, and think you’re slightly crazy um but then you have to

490 just think more and think well how can I argue my case um for this being valid which gets you  
491 thinking more and more into it and its a kind of spiral of self-discovery if you like, and of self-  
492 awareness, which has just been precipitated by particularly these first 2 modules. I sat there and  
493 thought the other day if I'd started this course on say the curriculum module, which I know some  
494 people have, would I have understood it? would I have enjoyed it? and you don't know but I would  
495 have thought not. I'd have thought, I doubt whether that would have grasped me and inspired me in  
496 the way that these 2 did um cos I know the second years having started with assessment or  
497 something and I appreciate there are probably similar concepts there but I thought, actually I was  
498 quite lucky to come in in this way, this seemed to me an ideal way

499 Now I wanted to look at the philosophy of the programme, when did you first read it?

500 I never read it before the course I didn't read it in the initial module because as with previous  
501 experience of going on courses, it was bumf, it's just something to skim over, its padding to justify to  
502 other people why we're doing what we're doing

503 I suppose what I was interested in particularly at this stage is um if you were to read it now does it  
504 um describe the programme as you experience it um and what do you make of what its saying?

505 I um I think I read it for the second module I think that was one of the things I had to read and I  
506 believe we read it again for part of the curriculum

507 I think Roger prompted people to read it

508 We had an abridged version that came round that I think, I read and I remember reading it and  
509 thinking oh this is really good um and maybe I should have read all that other stuff over the years, I  
510 mean I even underlined some of it, in the philosophy of the programme in terms of 'the purpose of  
511 educational research is to improve the rationality of education' the first line is 'educators engage in a  
512 lifelong continuous process of enquiry' and I thought that's what I'm doing and that is what I wasn't  
513 doing, so if this is the philosophy of the programme, it is saying there in 2 phrases exactly how my  
514 approach has changed, and its because of this programme that my approach has changed, and I'm  
515 doing it in the way that I'm doing it because of the approach of this programme, so in terms of does  
516 it do it says on the tin - yes so either, I'd be interested to know what was written first, whether this  
517 was written first and then the programme was designed, or whether this is what we want the  
518 philosophy of our programme to be, or whether the programme was written and the philosophy of  
519 the programme has changed as the programme has developed over the years

520 That's a really interesting question and I think the answer is that the programme developed because  
521 of the approaches of people who were teaching on the programme and their beliefs and then there  
522 came a point where um I think it was probably a university requirement or whatever but also it was  
523 felt helpful to actually be explicit and so several people put a lot of work into it to really say

524 Yes its not bumf, its very valid and every paragraph is saying something um profound but relevant i  
525 suppose so yeh cos it almost seemed like it was too perfect

526 It describes something that was already there, it wasn't kind of a mission statement at the  
527 beginning

528 Yeh cos if this was a mission statement and then the course fell out of it, its done very well, its quite  
529 hard

530 It describes something that was already there but I think it would be interesting to talk to roger he  
531 was involved with writing it but my impression was that it was also a developmental process for the  
532 people writing it

533 Be interesting then if in 5 or 10 years time it still does the same thing

534 Well its said the same thing for quite a long time now, more than 10 years and it feels right it was for  
535 the whole MA programme

536 And again its, had I read this a year ago, it would have meant nothing to me, it would have been  
537 irrelevant, I probably would've thought of it as bumf and I would've thought 'well its all just a bit of  
538 nonsense, what are they on about, what is an enquiry?' I didn't know what an enquiry was when I  
539 started here um but again I thought it really summed up what we, what the course is about and its  
540 how it enables you to reflect and question and understand and how you now um what you perceive  
541 as data and how you interpret it and interact with it and evolve as a result of interpreting it, and it  
542 seems completely bizarre to me that now I didn't know this 10 months ago. How could I have  
543 worked as a so called professional and I hadn't even thought about this and I kind of wonder, does  
544 this kind of evolve anyway in people if you've been working for 20 or 30 years, do you think this, but  
545 you just haven't put it into words, perhaps not to the same extent, um or do we need this, does this  
546 become an essential part of how we think and I kind of think that it is, almost well perhaps it should  
547 be undergraduate but are undergraduates ready for it? probably not, I've often thought if someone  
548 had said to me as a HO or SHO, would I have taken it on board? would I have developed and  
549 understood it? and you don't know, but I don't think I would have done because I know how I  
550 evolved going from an SHO where everything was black and white and you know everything and  
551 then you suddenly go into that where you have to make the grey decisions and life changes and you  
552 think 'oh my god there isn't a black and white answer to everything, numbers and lists aren't the  
553 answer' its 'I need to learn how to understand' and I think its when you appreciate yourself that  
554 you need a different type of information which is what I think this is kind of getting you to do, that I  
555 think it becomes relevant so um I suppose I would perhaps have liked to have started this a year or  
556 so earlier um but I think you could do it too early. I think if you did it as an undergraduate it would  
557 be meaningless.

558 Interview drawn to a close.

## Mysteri

- 1 So tell me, first of all, why you came to the programme; why this programme and why now in your  
2 career?
- 3 Ok um I think I wanted to do something that was a bit different to my medicine training and that's  
4 why this programme appealed to me. Certainly, having gone through the process, I can reflect back  
5 on how I felt then and it seems to have met my expectations in that way. So I felt really something  
6 that was a bit different and what I've always felt in my life, although I trained as a doctor I've always  
7 felt that I could do something else or have some other skills. I was always good at languages and  
8 things like that and I always felt I had some different skills to offer so um this programme seemed to  
9 appeal to me in that way, um when I actually started this programme I noticed that it actually had  
10 quite a large philosophical standpoint to it which I wasn't expecting as much, so much, but I was very  
11 satisfied with that actually, so that was another aspect of it that appealed to me as well.
- 12 So you felt there was sort of part of you that hadn't been developed?
- 13 That's right, that's right, because you know you go to medical school and you train in a certain way  
14 and um you don't get an opportunity to develop other skills you might have um so I felt this was a  
15 good opportunity...
- 16 To develop that other side of you?
- 17 That's right. I mean as a psychiatrist, I obviously, psychiatry is quite different from other medical  
18 specialties so I do want to develop that other side a bit, but there's limitations; you're still in the  
19 medical field, we're still geared in a certain way, so this approach is very different and very good.
- 20 And did you look at any other programmes?
- 21 Um I did look around to see what other programmes there were, but there was none that really met  
22 my needs really.
- 23 In what way, what impression did you have of those other programmes?
- 24 I mean other programmes in terms of looking at other masters degrees I could do - it was more to  
25 do with medical, medical-orientated and I wanted something a bit different.
- 26 So you did know a little bit before you came on the programme about the approach and it was in a  
27 sense quite a conscious decision?
- 28 Yes it was, yes.
- 29 That's interesting and just, can I just go into that a bit, you said the others had a more medical  
30 approach can you just...
- 31 Well they were just like subjects, I can't remember what they were they were more like health and  
32 science related there was another one, CBT. It was all too closely connected with my clinical practice  
33 and I wanted something that would help me branch out a bit more as a person.
- 34 I see - did you look at any other masters in education?

35 No I didn't, no.

36 Ok and why now in your career then?

37 Um it's probably the only, really the only opportunity that I've had. I'm half-way through my SPR  
 38 training um and before I did that it was just exams and um SHO training and it was very difficult to fit  
 39 anything else in sooner because you're just focusing on passing exams and progressing your career  
 40 but now I've overcome that hurdle and I've got my exams I'm more free to do something, to do what  
 41 I want to do.

42 And so was it more developing yourself or more about education?

43 I felt it was more about myself, and part of it was about education because education was another  
 44 interest of mine as well, so the two interests seemed to combine well, but also I like to develop, I  
 45 think I can develop myself as a person in other ways because I feel in society we're restrained in  
 46 following one single path and um we're under a lot of pressure to do so. I feel I'd like to branch out a  
 47 bit.

48 That's really interesting, thank you.

49 What was it like when you got onto the programme, first term, first module?

50 Even though I had certain expectations which I've already mentioned it did shock me to some extent  
 51 to what extent um it was very philosophical. I remember reading a bit of Pring, I like Pring, it was  
 52 very difficult but I like Pring and I wish I had enough time and intelligence to read it a bit more so I  
 53 like that part of it um. It surprised me actually how much of an emphasis it was on a different  
 54 approach more than I expected so and reading some of the texts like Pring can get a bit confusing  
 55 and I felt a little bit lost but gradually picked things up with the assignments and that..

56 So even though you knew it was going to be a different course..

57 I didn't know it would be that different!

58 Ok and it seems to me that the programme does introduce you to new approaches, new ways of  
 59 thinking yeh how was that for you?

60 I think, I mean in some ways I felt - it's this idea of reflection and reflecting on what we're reflecting  
 61 - it's about looking at the process of why we do things rather than just the content of what we're  
 62 doing and I feel that's something I've done all my life without a structure, organisation. So in that  
 63 way I think the programme appealed to me because I was able to um have an organisation to my  
 64 own thinking that had developed over the years. As you know in medicine we have had reflective  
 65 practice over the last few years um not, I don't think in my practice its emphasised enough by our  
 66 curriculum so here I focus on it a bit more, about reflection um looking and also looking at aspects  
 67 such as, from a philosophical point of view, the nature of reality and the nature of different types of  
 68 research, um you can talk about qualitative and quantitative um Pring would argue something  
 69 different about that - a false dualism - so um so I've forgotten the question now...

70 I think it was just really about the new approach and how that felt

71 Yes it, it did feel very different from the approaches I've experienced um in the past in medicine. I  
 72 had in the past done a course in um 'psychiatric research' which was much more of a scientific view  
 73 and experiments and..

74 More quantitative?

75 More quantitative, yes.

76 If we're going to give things labels!

77 Where this was a completely different approach um so that actually appealed to me as well

78 So I think in a sense what you seem to be saying is that although the approach was different it did fit  
 79 with something that you were doing already, in terms of reflection?

80 Yes it did because I felt this is what I've done, I've done all my life, or certainly over the last few  
 81 years, but I've never really made it specific enough and certainly opportunity to do these  
 82 assignments has, putting things in writing has helped me formulate my thinking as well as my  
 83 reflective processes.

84 So your thinking develops as you write?

85 That's right and I found that was very good advice we had at the beginning about starting writing  
 86 and then I found when I'd started writing it did develop um it's amazing what you can come up with  
 87 actually when you do start writing!

88 That's good. Um. Ok, I'm sure we'll come back to some of those themes as we look at your  
 89 assignments. I wondered what its like for you being in the grou, because one of the things that is a  
 90 bit different about our course compared with some courses is the face to face group work?

91 Yes um I found, I found it better in smaller groups um I found thebig group a bit more difficult, a bit  
 92 more daunting in some ways, so the groupwork was ok but I found it better if you split into 2 groups  
 93 or smaller groups so I found that helpful. I mean other programmes I've done in the past have been  
 94 quite interactive anyway, so I didn't find it that different from what I've done before but I think the  
 95 smaller group work I found easier to manage.

96 And what impact did the groupwork have on you, unpicking these concepts and developing your  
 97 thinking?

98 I found the groupwork didn't really help my thinking in that way um its interesting - I think one thing  
 99 we were told is we do a lot of thinking in our coffee breaks and outside the seminars so I should do,  
 100 probably more by thinking outside the course um than within the groupwork. Groupwork is quite  
 101 difficult, you've got different personalities there, different people and its difficult to, to get on the  
 102 right wavelength sometimes.

103 That's interesting - so you don't go in on a Friday morning and come out thinking 'oh I've rally  
 104 sorted that one out - that goes on elsewhere?

105 That goes on and on! The Friday morning is a good stimulus to get me thinking but more of the work  
 106 goes on outside it, just by reflecting..



107 And then you go away

108 And mull over it

109 That's great thank you I'm going to move onto your assignments but a lot of those themes I think  
110 we'll come back to while we're looking at the assignments. So what I've done is, I read your  
111 assignments and I underlined some bits that I thought 'ooh that's interesting' um so this is the first  
112 one. You wrote this within a few weeks and you talked about this incident where your consultant  
113 had said 'come and watch me teach' and it was a game. I wondered first of all what it was actually  
114 like writing, because as doctors we may not write huge documents..

115 Yes er as doctors we don't generally write huge documents, but having been in psychiatry for many  
116 years now, we do tend to as psychiatrists, tend to do long reports, and that was a side of me that  
117 was coming out in psychiatry, where my reports will be quite long and waffley sometimes um so  
118 writing this wasn't that much of a step. I found it um in terms of the length of the writing, I think  
119 some of the style of the writing is slightly different and I found myself er reflecting on the topic but  
120 also reflecting on the process of reflecting on it and then it can go on and on like that so that was  
121 different as well.

122 Whereas when you write a psychiatric report you just write it I guess?

123 You just write it and it's quite scientific in some ways and it's difficult to put in anything else.

124 So the thought of 2k words or 4k words wasn't too terrifying but it was a different sort of writing,

125 Any other experiences of writing that you might have been drawing on?

126 I mean I could go back to my younger days um I was always good at English at writing stories and  
127 essays and that so I was always good at that and that's where my other side comes out in this course  
128 where I do enjoy writing and I have a particular writing style which I've evolved over time so I  
129 probably drew on that aspect of my, I was always good at writing stories and so this is like the next  
130 story.

131 And I'm interested also in the perhaps the effect that coming from psychiatry has, I do think there's  
132 an effect from different specialties..

133 Um in what respect

134 I think what you've said so far about psychiatry is that p'raps there's a little more about the  
135 philosophy and the reflection than there might be in some other..

136 Yeh – a little bit more of that and also in psychiatry what I try to do is use a holistic approach in  
137 managing my patients and look at different aspects of something whereas in medicine you just look  
138 at certain numbers, and blood tests and that whereas I try to look at the whole picture and writing  
139 these assignments is a bit like - you can have certain aspects of the whole picture thinking more  
140 laterally

141 The context and so on?

142 Yes, which is what we do a bit of in psychiatry as well

143 So there's some links there, that perhaps make it not too unfamiliar?

144 That's right, that's right

145 Ok. Um and so in your assignment you describe this incident and then one of the things you say is  
 146 um 'I now realise that the unease I've felt which was based on my assumption that teaching was to  
 147 impart knowledge about a particular subject' and I wondered if you could just think back about how  
 148 that idea developed

149 My idea of knowledge being imparted?

150 Yeh and then it changing to perhaps thinking 'well maybe it isn't all about that'..

151 I mean, obviously over the years you do A levels and that and then medical school. It was all more it  
 152 seemed - at medical school slightly different, I graduated here, but certainly when I was doing A  
 153 levels and at school it was, you had to learn this, and then you had to repeat it in an exam um  
 154 whereas I'm starting to realise that, particularly since starting this course, that learning is more an  
 155 interactive process - it's not as straight forward as a transmission of information - its a bit more to  
 156 do with who you're transmitting the information to and them engaging in that process.

157 Absolutely, yes thank you um and just going a little bit further on, you talk about 'on reflection of  
 158 this incident I've discovered a method of teaching that's challenging my underlying beliefs and  
 159 assumptions on what constitutes education' I wondered what your view of education was at the  
 160 beginning and how that's changed?

161 Um my view of education before was probably the way I've experienced education in the past um  
 162 where maybe you have to memorise information or learn information and impart that knowledge in  
 163 an exam or clinical situation um I'm finding that I suppose I didn't really enjoy learning that way in  
 164 the past - that's probably some of the unease I felt at medical school and I thought that was the only  
 165 way to learn. Now I'm realising that there's a whole new process. My consultant I worked with  
 166 taught me a new way of teaching, if you want, where we can make it enjoyable and interactive and  
 167 the teacher can get the student to actually develop their own ideas and that's part of what  
 168 teaching's about.

169 When that incident occurred where you doing the programme already?

170 Er yes yes I think when I started writing about it maybe it had occurred about 4 weeks before - it  
 171 was quite fresh in my mind.

172 Fresh in your mind and presumably at the time that it happened then you had one view of it and  
 173 then as you wrote you...

174 That's right, that's right and the way my consultant talked in that session I thought well maybe she'd  
 175 been on this course because this was the way the course seemed to be introducing the idea of  
 176 education.

177 That's interesting ok and what effect has that had on you as an educator - you teach medical  
 178 students um have you changed?

179 I have changed. I've completely altered over the last year I've been developing the programme we  
180 have for medical students on which I've been teaching mainly on and I think I've changed my  
181 approach where we focus more on practical situations and learning from the practical situations and  
182 I've noticed that students seem to enjoy the process more - whereas my initial impression was well  
183 maybe, ok I'm teaching medical students, I'll tell them this information on schizophrenia and then  
184 we might look at a certain case - so I focus more on looking at the practical situations taking them to  
185 hospitals and places where our patients would live and learning from that experience - again its just  
186 by doing things we learn more, so by actually getting them involved in things the students learn  
187 better.

188 And has it changed you as a practitioner or the way you view your practice?

189 My educational practice?

190 Your educational or your clinical practice?

191 Um I'm not sure really, its its changed me as person certainly!

192 Tell me about that

193 Well I suppose when I'm saying changed me as a person, its helped to clarify my thinking about  
194 myself as a person, my identity if you want, so I'm a bit more clear about how I engage with other  
195 people particularly in my practice, my educational and clinical practice um and that's the reflective  
196 process I've focused on a lot. I've been able to look at the way I, I practice in education and clinical  
197 scenarios and I can reflect back on that and look at ways I can change, so really I'm looking at  
198 developing myself as a person.

199 And so can you give me any examples of how that might have changed the way you interact with say  
200 patients or a flavour of what effect it might have had?

201 I think with my patients I'm probably more, it's difficult to describe exactly how it is, probably less  
202 doctory in some ways and a bit more a bit more human with my patients if you know what I mean  
203 by that cos um I feel that's what they need, looking at it from their perspective

204 And is that in terms of the things you're focusing on or the style you're using?

205 I think, I think because traditionally we have this doctor-patient style with doctor's authority and the  
206 patient is down there and I'm trying to look at things from the patient's perspective and I feel on this  
207 course I'm starting to look at things from different perspectives and that's helped my clinical practice  
208 in some ways.

209 Right

210 Slightly vague link but

211 So it's in a sense it's a way of thinking

212 Its a way of thinking, that's right, that's right yeh

213 Its not specific things

214 Yeh that's right

215 But its opening up and thinking generally

216 Yeh yeh

217 Is that fair?

218 Yeh that's right

219 Ok that's interesting. Um let me see what else I wrote um .. I was interested in this bit - you said  
 220 during the incident you described you 'were wrestling with the internal struggle between the  
 221 traditional didactic style of teaching and the game, you felt pulled in two opposing directions'. And I  
 222 wondered if, I suppose I often wonder with the programme, if, because the approach does seem to  
 223 be very different to that which people are used to, does that create tensions in your workplace or in  
 224 you?

225 Um I think initially it did create a bit of tension but I think this approach we use was hidden within  
 226 me somewhere.

227 Right

228 Was waiting to come out. So in some ways I overcame that tension very quickly um again it's all  
 229 about developing what's inside us and education is all about changing ourselves as a person as well  
 230 so that's the way I saw it. And yes there was the tension and surprise at the approach we use but I  
 231 feel I adapted to it fairly quickly.

232 Can you tell me about that tension - how it felt, how it manifested itself?

233 That tension is between, for years and years of knowing one approach and then suddenly coming  
 234 across another approach um you feel I suppose I felt, I felt more attracted to the approach we use  
 235 here but society or medicine sort of restrains us to look at our own approach and that's the sort of  
 236 tension I'm describing.

237 And did you feel that when you came on the programme, thinking 'gosh this is completely different'  
 238 or and/ or perhaps back in the clinical world where you thought 'this is different'. I wondered where  
 239 the tensions were felt or was it both?

240 Um I think on this course it felt very different um but as the course progressed and I got more into  
 241 the world of the course it felt more normal.

242 And you said you felt it was drawing on something that was already there in a sense. Was that do  
 243 you think part of your individual personality was it because it had always been in your practice?

244 I think it was, without realising it, probably part of my personality, probably without realising it was a  
 245 part of my practice as well - not something that I'd, almost like an invisible, I didn't really see..

246 Not a conscious thing

247 Yeh that's right and by starting this course and what I learned from the course it sort of uncovered it.

248 That makes sense, to me! Um I suppose the other aspect that I was thinking about was that you've  
 249 written 2k words on your consultant playing a game and as a piece of evidence that's quite different  
 250 from the sort of evidence you're drawing on when you're writing your patients reports or deciding  
 251 what drug to give them or whatever - how does it feel to be using that sort of thing as evidence?

252 I feel quite comfortable using that sort of thing as evidence this is what we, this is what I see we deal  
 253 with in every day practice so I felt quite comfortable using that, I mean when you say evidence in my  
 254 psychiatric practice ..

255 Well I was thinking of say a randomised controlled trial to show that a drug...

256 Sure, yes, when I was doing my course in psychiatric research I was always attracted to, we did look  
 257 at quantitative research, we focused a lot on that, but we also mentioned qualitative research and I  
 258 was always attracted to that at that point, so I was always looking for a way forward in that  
 259 qualitative world and so this sort of evidence appealed to me in that way.

260 And would it be fair to say there might be a link, I think you said something that its similar to the  
 261 evidence you're drawing on with psychiatric patients and a piece of narrative about something that's  
 262 happened...

263 Thats right cos in psychiatry it is more narrative - we don't deal with blood tests, numbers and all  
 264 that um we're looking at holistic patients experiences and because we're looking at patients  
 265 experiences we looking at experiences as evidence here, so maybe there's some parallel with this  
 266 and my clinical practice as well.

267 It may be that it felt a bit more familiar because of that? Has your idea of what constitutes evidence  
 268 what constitutes research changed do you think since the beginning of the year?

269 Um I mean compared with the beginning of the year I think at the beginning of the year I did catch  
 270 onto this approach fairly quickly so over the year it hasn't changed greatly but certainly changed at  
 271 the beginning.

272 In what way?

273 Um in terms of?

274 I suppose if I'd said to you say 2 weeks before you started 'what's evidence, what's research?' and if  
 275 I'd asked you that question 6 weeks later - how do you think it would have changed?

276 So - before the course I would have answered in the way I've been trained in medicine ok rct and  
 277 other types of research like that, although part of me would have also said well other methods such  
 278 as observation, structured interviews so there's still part of me that would have said that too but  
 279 since the course has progressed obviously I, I've looked at these other methods as probably more  
 280 significant and probably gives a bit more insight into answering the questions that we ask.

281 What about the questions of validity, reliability, subjectivity those are the sort of things that come....

282 Again I refer to Pring! And it gets very complicated when we talk about objectivity and subjectivity  
 283 and those aspects. I think I'm still getting to grips with those aspects um I'll probably develop my

284 ideas more as the course progresses um I think when we look at reliability we often think about the  
285 scientific approach um but I'm starting to realise that we can also have a different approach and still  
286 have validity there - that is, I suppose it depends how you define validity um so I think I still feel I'm  
287 developing my ideas about these concepts.

288 Me too! I think it's a never ending process!

289 Let me move onto the second one if I may - so this was the assignment where you you're asked to  
290 do a little piece of interviewing you did I think and then reflect mainly on the process.

291 That's right I mean, I mean, firstly about these 2 assignments - it was all based on the same area  
292 because it was basically the teaching I did with the students, and then based on service users um  
293 and on this second assignment I was more, I think I developed more because I looked more at the  
294 process, reflecting, its almost like a third eye looking in you on what I'm doing, which is quite  
295 difficult to do actually er but looking at the process I'm using in this enquiry um so I think I  
296 developed more in that second assignment in that way.

297 And I was interested you said um you talked a little bit early on about your ideas developing as you  
298 write - can you tell me a bit more about that how it happens?

299 Um I found that when I start writing, I'm not sure what the process is, but somehow having the  
300 words on the paper seems to, seems to help the ideas to develop further. When it's all in your head  
301 it gets messed up and you're not sure - this education course is can be quite confusing at times - so  
302 actually writing things down on this course was actually very helpful in developing ideas.

303 And did you find yourself changing it as you went along?

304 Absolutely yeh

305 Drafting and redrafting

306 Yeh there were a lot of drafts and I think that's kinda healthy to have lots of drafts. You start with  
307 one initial idea and then that would make me think about another - it helped really the reflective  
308 process and then helped me to develop my writing so I was writing a bit more about quite a small  
309 area so writing down I found, it was quite new to me actually, writing helped my thinking and that's  
310 not something I'd thought about in the past, maybe I've done that in the past without realising.

311 So you perhaps thought before that you had something in your head and you wrote it down?

312 Yeh

313 And something different was going on here

314 Yeh that's right

315 Thank you, so you felt that you'd moved on in this second assignment was - your ideas were more  
316 developed - can you tell me how you think they developed?

317 Um I just feel I was looking at, looking at, the process more with the second assignment um and I'm  
318 not sure if, initially when I did the assignment I didn't know if that was what was required of it but I

319 just followed my heart - so I feel that looking at the process was very important - it helps to develop  
320 insight into us as a person and also um into education itself and what we do in our lives actually and  
321 its helped me to think more broadly about things um and to think about also clinical practice, what  
322 I'm doing, how I'm doing it and what effect it has on the patient even more than I normally do in  
323 psychiatry.

324 So it's made you think more about your practice?

325 Its made me think more about what I'm doing in my practice and how I'm doing it and what effect it  
326 has and also I suppose one other thing I learned on this course was about underlying assumptions  
327 and beliefs - it also made me think what underlying assumptions and beliefs I bring to my clinical  
328 practice actually. I think one example might be um, I'm not particularly a religious person, but there  
329 was some patients of mine with religious delusions and I was sort of, - in the past I used to bypass a  
330 bit and not really consider that cos it gets quite controversial what's a delusion and what's not with  
331 religion but now I've found myself maybe looking at that, talking to my patients a bit more about  
332 that cos I've found it more interesting.

333 Because you'd questioned what you were bringing..

334 That's right because I, I wasn't particularly religious, I didn't find that area particularly interesting

335 Did you feel uncomfortable with it

336 Not uncomfortable, I felt comfortable about it um again you can talk about religion, the nature of it,  
337 all that stuff, it gets a very hot topic so I tend to bypass that area in the past but now I find myself on  
338 a recent case um actually acknowledging it and trying to um explore that area a bit more with my  
339 patients

340 And you'd see that because, what you've taken from the course is the fact that your values and  
341 beliefs are affecting your practice

342 That's it – exactly in the same way my values and beliefs affect my educational practice

343 That's interesting thank you – and you talked a bit about how you felt fairly comfortable with the  
344 nature of the evidence, if you like, although some of the aspects are still working themselves out, I  
345 wondered if it had affected your view of other research if you like, you pick up journals, you go to  
346 conferences...has it affected the way you view

347 Um I've always had views on research anyway - you pick up a paper, you pick up another paper  
348 saying one thing - another paper says one thing, and they all contradict each other saying -  
349 different views then this one, this one drug's better than that and I was always sceptical about that  
350 about these papers so I was looking in some ways for a different approach to answer the questions  
351 we need to answer and I wasn't happy with the papers I was reading in my psychiatry journals um  
352 one persons saying this then a few years later another paper would come out saying the opposite  
353 and it didn't make sense to me. And then there's a lot of bias in these other papers, such as drug  
354 companies getting involved and I was very sceptical about that.

355 So you always had that scepticism you weren't comfortable with them, you didn't think they were  
356 'the truth'

357 In some ways it sort of paralleled religion, you could say the same thing about religion - one religion  
 358 says one thing, another says another, and you could apply that to virtually everything else in life –  
 359 one salesman says double glazing this one's brilliant, another says this one, so it didn't make sense..

360 So what's changed now about the way you view it?

361 I feel it hasn't changed a great deal but it's obviously opened my mind to a completely different  
 362 approach that I could try to use in the future. I still feel I'm restrained by the medical community and  
 363 the approach they want to use.

364 Tell me about that

365 I always feel society um stops us from doing what we want to do and there's certain rules set down  
 366 that we have to follow that's what I feel we're expected from, in the medical community, if you get a  
 367 paper published you have to show this this and that, obviously talk about reliability and validity of  
 368 results its got to have numbers there – this many people express this opinion, whatever, so so I've  
 369 always, I've never like being like that, following the rules in that sort of way, so I was looking for a  
 370 way out of that..

371 And is your perception that if you were trying to publish something around educational enquiry in  
 372 the sort of way we've been discussing, that that would be difficult

373 I think it would be. I don't know how, I mean obviously there is a number of people who are using  
 374 that approach but I don't know, I think in medicine they'll stick to the traditional approach and I  
 375 don't know that the medical community is open to this other approach

376 Ok right thank you.

377 I was interested in this bit you talked about your relationship to the service user being 'a  
 378 fundamental factor in this study' you're a psychiatrist so you know him well anyway um and what  
 379 effect did that relationship have on your data - was he trying not to offend you, whose data was it,  
 380 what was going on in the power struggle - I wondered where those ideas came from?

381 Um I've always been conscious of power struggles and this hierarchy between people

382 Its quite critical in psychiatry

383 It is, it is, I'm probably in my medical career where you've got the consultant, got the registrar, the  
 384 SHO, the HO, so I've always been conscious of that and I've never been a fan of that sort of  
 385 hierarchical approach to things - that hierarchy, that power difference and because of that I've  
 386 probably always been aware of that power difference so it probably stems from my medical training  
 387 really so obviously in this case I was aware of that and I do try to, to equalise that power difference a  
 388 bit but then at the same time there's a tension because I realise then that I am the psychiatrist, in  
 389 my clinical practice, they look to me so I have to be careful to equalise that power, not narrow the  
 390 difference too much, so I was aware of that when I was doing this assignment.

391 And did your ideas change as you were doing the assignment, did they develop, in terms of the  
 392 thinking about the relationship with the person you were interviewing?



393 It made me think a lot more about power difference how it affected the data I was collecting um I'm  
 394 always wary of, almost with an artificial situation again where particularly in research, where you're  
 395 the interviewer, and you've got an interviewee and the power, its an artificial situation and I'm  
 396 always wary of that probably difficult to get round that cos of ethics when you're doing research.

397 I wondered if you wanted to just talk a little bit more about your educational practice and how you  
 398 see that now, how it's developed

399 Um I mean I mentioned earlier about how, you mean in terms of teaching students

400 Yes – do you teach anyone else?

401 Not at the moment. I suppose in the future I'm looking at teaching non-medics as well so that's  
 402 something I want to explore a bit more

403 So you're teaching medical students and can you tell me a bit more about how you see yourself in  
 404 relation to them and how you view that side of your work now

405 Again you know me being a psychiatrist teaching medical students, you can talk about the power  
 406 difference there as well, I'm also starting to look more from the side of the student in terms of what  
 407 they at their stage of training. When I was a medical students I always felt like the doctors were just  
 408 giving us information, that's what it felt like and I'm trying to look at it from their point of view to  
 409 see what they want to get out of teaching, out of the course..

410 And how do you do that?

411 Um one way is by reflecting, reflecting on my own experiences as a student, thinking about what I  
 412 wanted as a student, because its easy to forget our student days and then by reflecting on that  
 413 process I can put myself in their position and, and consider what they might want cos I don't feel I  
 414 was, when I was a student, I was getting what I wanted, so just by reflecting on my past

415 Do you ask them what they want?

416 Um its difficult to ask people what they want, um it can take a while, probably you can do that at the  
 417 end of the course um and then improve the course next time that's probably easier to do but um  
 418 when you're busy trying to educate, its difficult actually to ask them - and they may not know what  
 419 they want

420 Well absolutely, they may not be able to articulate it

421 So really I tend to go on my own experiences

422 I've written 'how has your educational practice developed?' which is what you've just talked about  
 423 but the other question I've written down is 'what is the role of theory?' and you've talked a bit about  
 424 how you felt there were things in you and in your practice that were already there and they've been  
 425 uncovered and I wondered what role theory's played in that?

426 Um it's the idea of theory and practice going hand in hand, that's the way I see it now um we've  
 427 always had the view that there's theory and there's practice and theory tells you what to do but I  
 428 realise its hand in hand and you can't really separate them that easily

429 I wondered if you felt that you were developing a theory or theories if that was part of this  
 430 uncovering and clarifying things in your practice

431 In my practice I was probably developing theories and also developing theories about my theories  
 432 yes

433 Laughter

434 Your closing sentence was 'I will continue to unravel this case study' and I wondered if that had  
 435 happened, if , even since, would you think about it a little bit differently or

436 I think yeh at some level. With this reflective process I'm always reflecting on things and certainly  
 437 since I started this course I find myself reflecting more when I'm away from work probably  
 438 sometimes without realising it, something may happen at home and it'll make me think about  
 439 something at work and I'll reflect on it and things like that, so in some ways I probably am, without  
 440 realising it, I am continually reflecting on this case and this is not just now this is maybe in years to  
 441 come - in a year's time I'll probably still reflect on it.

442 So if you were to write it again in 6 months time it would presumably

443 Yes I'd have a different take on it um and it may relate to how my life progresses as well and  
 444 anything that happens in my life might impact on my view of the case study

445 Are you seeing, do you think, more links between your life and your practice?

446 I am yes I mean education is about changing ourselves, changing ourselves as people, and about  
 447 changing our lives, so I think I will change over time and then if I were to come back to this case and  
 448 perhaps write it again I would write something different.

449 And just finally i wanted to look at the philosophy of the programme

450 My first reading of it!

451 Well that was one of the things, that's absolutely fine!

452 That was one of my questions – had you read it before?

453 I'm glad I read it now and not at the beginning because it made more sense now, having done 2  
 454 assignments. I think I glanced at it when I came on the course and I thought it looked a bit Pring-ish,  
 455 it didn't mean much but now it did make a bit of sense, still maybe in a year's time I'll probably read  
 456 it again and it'll probably make more sense.

457 So um I wondered if, it is supposed to be a description of the programme does it seem to you like a  
 458 description - we talk a lot about the written curriculum...

459 When I read it , reading it now it does, but at the beginning of the course it probably wouldn't have

460 Why was that do you think?

461 Because it wasn't, it was a different approach, I wasn't used to, I hadn't developed my ideas at that  
 462 point, so it wouldn't have made much sense to me I think, but now I realise that, reading it now it

463 does make sense, about the approach we're using, that it is a curriculum and um I'm also realising  
464 that had I read it before it wouldn't have made sense.

465 Are there any differences between what you read here and what you actually experience?

466 Um not particularly but I think it's something that I will read again, maybe in a few months time even  
467 What will you get from it do you think?

468 It would help me to understand the approach of this course and help me with my assignments as  
469 well so actually, in fact, this written philosophy of the programme is actually something helpful that  
470 I'll go back to every so often - some parts would make sense to me - other parts I wasn't sure  
471 about and I'm sure it will all fit in at a later date.

472 It describes a particular approach to practice and to research - what do you make of that approach  
473 at this stage?

474 Which aspect of the approach?

475 Well, it describes an approach to practice which probably isn't the approach that um you learn about  
476 when you're doing your psychiatric exam for instance and an approach to the research into practice  
477 um I wondered what you see as that approach?

478 Um obviously it's a different approach to that I was used to in the past so I think, it is its an appealing  
479 approach to me actually, um very different to what I'm used to. I'm still trying to get to grips with it. I  
480 think on one of the the...it did talk a bit about the history of it - that was quite interesting - other  
481 people have been involved in that approach

482 Yes - it doesn't just come..

483 It comes from a long tradition

484 Which I didn't realise, that there is a long tradition there um its funny because I would see this as a  
485 very modern approach where, which nobody's really referred to ever in my life, where knowing,  
486 reading that, I can see there is a history behind that um I'm sure that approach will develop more -  
487 the only concern is again the medical community and how well they would accept an approach like  
488 that.

489 You think that would be difficult?

490 I think it would be yes.

491 Because?

492 Because, that's what they're like! I think they would, I think change is difficult um this is such a  
493 different approach that it may be difficult to adapt to such an approach like this, for the medics

494 So you've now finished, well 2 modules really, where are you at now regarding all this, can you sort  
495 of...

496 Um you can't separate education and practice, theory and practice really, everything's intertwined  
497 really - I think its very confusing as well um so I think education, not only is it a very complicated  
498 theory, it's also as I mentioned before, it's about me as a person as well and bringing myself to  
499 education and what I bring to it. Its not just about topics.

500 Drawn to a close.

## Mike

Part way through second module. Orthopaedic SpR.

1 So why did you come to this programme at this point in your career

2 Ok well very simple really um I think that medicine and orthopaedics is becoming increasingly  
3 competitive as you get higher up um and I think that teaching is also becoming increasingly  
4 important as part of your day to day activities and from my point of view it was becoming more and  
5 more obvious that people were coming to me to be taught and I was probably not doing a  
6 particularly good job of it as far as I felt so I wasn't um I felt wasn't giving them what they needed in  
7 terms of their medical education um the other factor was that um from orthopaedic point of view  
8 you er research and further degrees in orthopaedic science didn't really appeal to me um and there  
9 was quite a big gap on my cv

10 You needed to do something

11 I needed to do something, I needed to do something that I was interested in so I could see it through  
12 um and I got talking to one of our consultant colleagues AO who'd done this course and he said how  
13 about doing that and so I looked into it and here I am

14 Ok and obviously it was fairly local for you

15 Yes, so I knew I was going to be based here for a year um and looking at the timetable it was going to  
16 be something that was feasible to do and I'm at a stage in my career where certainly this year I don't  
17 have any exams or things like that and so

18 Did you look at any other education courses?

19 Um I my sister in law is doing the education course through UCL um and so I discussed that with her  
20 there um and decided really for logistical reasons to come here. Theirs seems to be quite different,  
21 its much more focused on small group teaching and setting small assignments to go away and teach  
22 this to a group of people and come and report back on it, whereas this is much more sort of general  
23 philosophy and so um but yeh it was mainly the logistical reasons that I came to this.

24 Did you have any idea before you came about the approach of this programme ?

25 Um probably not as much as I thought I did! It was quite a surprise when I started it quite, you know,  
26 the approach to it and um I thought it would be more hands on um sort of, using information taken  
27 from the course to go back and teach directly um so that was a bit of a surprise, um but in terms of I  
28 had had the chance to go and talk to AO as well about it and so I knew,

29 And so you knew people did come out the other side

30 Yes, absolutely, he is now medical educator as part of his job so it must be a worthwhile thing to do.

31 So um you took his recommendation, you registered for the course, you arrived and what was it like  
32 when you arrived that first bit?

33 um I can remember certainly for the first 2 or 3 weeks everything just went straight over your head  
34 and it's a way of thinking that I'd not had to really use before, since GCSEs, you know it had been

35 always heading down the science route, science A levels, medical school etc getting facts to learn  
36 and suddenly you find you have to engage a different part of your brain and reason and think,  
37 exploring philosophical concepts and it was probably difficult to start with and then slowly as I found  
38 I read more and more you were able to start to pick the bits out of the readings and they actually  
39 start to make sense but I remember certainly discussing with the other people who I started with at  
40 the same time, you know really no idea what's going on and in lots of ways we're all sort of looking  
41 for direction here, being told to go away and read this and think about that um and you are sort of  
42 asked to read this and expand on it and those were concepts that were quite alien to start with and  
43 so I suppose that it was a voyage of discovery really, learning to use thought processes and expand  
44 and discover them um and again to start with it was very difficult to relate to how that would impact  
45 on being an educator and how it has impacted came out in my assignments. I was quite surprised to  
46 read back in my assignments actually how reflective they'd been and how it does change my practice  
47 but in a very different way than how I thought it would so its not telling you how to go into the  
48 classroom and sit down and give a talk on whatever it is to a group of people it's telling you how to  
49 react to their needs and how to discover what their needs are and then aim your teaching at that um  
50 which is a very different way of looking at it so it's something I'd never thought of before.

51 So one of the things at the beginning was the intellectual processes that you were being asked to

52 Yeh yes I think that's a good way if looking at it and it is very much a process, you can't read what  
53 you're given, or I can't anyway, read it and then immediately say 'oh it's clear that Carr is saying this  
54 that what I need to do' you've got to take it into context and base it in your own practice and  
55 actually its making you think about those areas of your practice that in the past have affected you in  
56 a more profound way and why they've done that, what was good about that and how can I use that  
57 to take it all into my practice um that's the professionalism aspect, which of course is fundamental  
58 to what we do but nobody ever really explains um and so its been an interesting time, you start to  
59 think about your role in what I do on a daily basis very differently and the impact that that has on  
60 people, not only you know the people I work with but also people I'm seeing, sort of patient-doctor  
61 relationship type level as well um because its all going to, listening to what they're saying and  
62 reflecting back on it and actually exploring it with them rather than telling them 'these are the facts  
63 this is you've got to go away and think about' so yes it has changed my practice. I think probably the  
64 outpatient staff aren't particularly happy because my clinics are taking longer (laughter) but um yeh  
65 so its teaching you a different way to think and approach problems and act on them throughout all  
66 aspects and that's been, that's been fascinating its something I'd really not thought about before.

67 And the way you describe it sounds like at the beginning there must have been a bit of a feeling of  
68 'goodness what's all this about, how is this going to help me?' How did that feel?

69 Um I think it was sort of, you know I think it was encouraging to find out that certainly by mixing the  
70 first and second years, you know, the second years have come back for more, so therefore it must  
71 make sense and they're also able to elaborate the arguments and the discussions and expand on  
72 them in a way that I don't think you can when you start off with and also those people who were  
73 also in the first year also felt the same way, as far as I could tell, there were lots of, during the coffee  
74 breaks and things, people would say 'I really don't understand what we're getting at this morning'  
75 (whispers) and it encourages you to start talking about it um but yeh certainly to start with you do  
76 think to an extent, you know, 'what have I let myself in for and how is this going to help with what I

77 thought my goals for the outcome were?’ you know I wanted to leave the course with an idea about  
78 how to set up a teaching programme for junior, or more junior, members of the team and how to  
79 implement it and to start with I really didn’t see how I was going to come away learning anything  
80 about that but it’s actually by taking it one week at a time and one reading at a time and exploring  
81 those ideas it does, slowly, but it does come together and as I said its when you read back on your  
82 modules, the things that you’ve written, that you suddenly realise actually quite how it has changed  
83 that and its not a smash and grab type education, its a its a, and so it gives you a series of thought  
84 processes and ideas that you need to explore with the people you’re going to be working with rather  
85 than saying a tick-box list of this is what you need to do in order to create a programme or whatever  
86 it is,

87 And it seems to me that the programme does introduce you to a very new approach to practice, to  
88 education. How did that feel?

89 Again it felt quite alien at the beginning um you know in my work you start to talk about reflective  
90 thinking, reflective practice, most people look at you as though you’ve dropped in off another planet  
91 um and I think if you put it to them that way – we’re going to have a think about this and we’re  
92 going to reflect on it, most people would switch off straight away but actually if you start doing it  
93 and certainly on a sort of small group type session say and I can be talking with my colleagues then  
94 er we’ll see a case and I’ll ask them questions about it and actually I’ll get them to reflect on it  
95 without them realising it um that you can suddenly see with them the penny starting to drop and  
96 actually thinking about how their actions have altered the course of the management of the patient  
97 and through that they start thinking and you go from there and its not about sitting down and saying  
98 in order to manage a patient with septic arthritis you need to do this that and the other. Its um, they  
99 know the basics of how to do it but it’s sort of extracting that information as to how to do it  
100 appropriately for the, the you know, the situation that’s in front of them, based on their past  
101 experience and what I can tell them about it um and you know its a way that I hadn’t really thought  
102 about doing things before and certainly talking to my current boss er he was asking me about what  
103 the programme involves and I explained it to him and he looked at me with sort of incredulity  
104 (laughter) until he was interviewing at the time for a Consultant post and I said to him ‘how were the  
105 candidates?’ because they’d all come to see him and he said ‘oh we’ve got some excellent  
106 candidates but you can tell the people who are really good from not so much their CVs’ and I asked  
107 him how he knew that and what, what made that candidate very good and then he started to sort of  
108 reflect back on his personal experience and how um you know, you can see those traits coming  
109 through in other people and it’s something you can’t mark in an exam and you don’t know what it is  
110 and it was through that then and I said ‘well it’s that that we are trying to foster; you know that that  
111 person’s a good surgeon but you can’t put it into words and you’ve never seen him operate, so how  
112 do you know he’s going to be good’ and so yeh I think that was a bit of an eye-opener for him from  
113 that point of view and he’s actually somebody I’m planning to use for my last curriculum assignment  
114 now I’ve got him to start thinking about it so I can interview him as to how he feels he can try and  
115 change practices and develop professionalism um in my training grades without the sort of tick-box  
116 exercise that there is now um and

117 And presumably those questions that you asked him wouldn’t have been questions that you’d have  
118 asked before?

119 No absolutely not, you know I think you know you'd always get the feeling that if somebody is going  
120 to be good at their job, you'd just describe it as a feeling, you know in your guts, and its only when  
121 you stop and think about what those attributes are that actually make up a good surgeon or a good  
122 doctor or whatever it is and you see them in people all the way across the board and its very difficult  
123 to put your finger on it but it's that that this course has taught me that those are the attributes that  
124 you want to bring out in people, which is the professionalism, but how do you develop that because  
125 really anyone can go away and read things in a book and learn things by rote but it's those  
126 professional attributes that are very difficult to nurture and they're very difficult to understand  
127 where they come from and it's that that this course is trying to get at um and it's that which I think is  
128 the difficult bit to get at and to nurture, um but I think that once you've realised its then you can  
129 start to look at it and you can start to develop it in yourself and you can start to try to develop it in  
130 the people around you.

131 One of the things that is different about our course and you referred to it a little bit is the small  
132 group work is being part of a small group - I wondered how that had been for you?

133 Yeh I think again at the beginning um in lots of ways you feel a little bit awkward in the small groups.  
134 You're set to go away and discuss things and certainly from my point of view I used to feel 'am I  
135 discussing the right things, are my points valid, am I just talking nonsense, have I completely  
136 misinterpreted this?' um and then what you quickly realise is that actually from the reading that  
137 we've done, the preparation for that, can be interpreted in a lot of different ways; there is no right  
138 or wrong answer and it's to generate these discussions that we're having and I think the more you  
139 throw into it, the more you get out of it, so the other thing I liked is that you didn't regularly split the  
140 groups into first or second years and there was often a mixture of both because everyone brings  
141 something to it and those who've done the other course bring things that we hadn't thought about  
142 into the picture, as well as us developing our ideas, I think that we were probably, hopefully doing  
143 the same, coming up with some points they hadn't thought about because they'd been led down a  
144 certain path or directed towards a certain path by their other reading and course work um so no I  
145 grew to like them but at first I found them, uncomfortable is probably not quite the right word, but I  
146 wasn't really quite sure what they were driving to get at, until they suddenly, you relax, you switch  
147 off that sort of scientific part of your brain, you realise that actually this is discussion about values  
148 rather than anything else.

149 It isn't a test

150 That was it yeh and through it you can generate some interesting ideas I think in terms of the  
151 assignments I looked back at the notes I've written and scribbled and they're all a jumble of sort of  
152 comments and quotes and you know almost 2 or 3 words here and there just sort of directing  
153 thinking that you can actually come back to and think in relation to this paragraph by whoever it is  
154 these are the ideas that stem from it and you know these are the ways that you can interpret it and  
155 try to build on them and without the small group I think you'd read that paragraph, you'd take your  
156 own ideas out of it but very little else, and so you just get a globally bigger picture I think part of that  
157 comes from, not only the mix of years but also its a mixture of what people are doing on the course,  
158 we're not all teachers, we're quite an interesting mix, you don't often get a surgeon, an orthopod, a  
159 psychiatrist, an anaesthetist and a GP in the same room discussing the same point and so you can  
160 see how everybody's practice interprets things in a different way and from that you can start to get a



161 feel as to the judgements, the professional judgements are all very similar, but they need to be  
162 adapted and tailored to your needs and without those small groups I don't think you'd really  
163 appreciate that, but it takes quite a long time to realise that that's what you're, I guess.

164 How long did it take do you think before you felt sort of comfortable?

165 Probably until I'd finished the first assignment, and I'd actually got some feedback that I was, that I  
166 wasn't barking up the wrong tree and some of things, that was what we were looking for and then  
167 you look back on it and think 'did I actually write that, where did that come from?' (laughter) I did!  
168 but that thought, tracing back that thought process um it's been quite an interesting journey and  
169 one that I didn't expect I think, especially with the second assignment what I set out to do and what I  
170 realised at the end what I'd done were 2 very different things, the second assignment had taken on a  
171 very personal journey and was actually very reflective into my own practice and far more so than I  
172 thought it was going to be and I stepped away from that a bit at the end and thought 'crumbs is that  
173 really what's been happening?' and er yeh its been a good process but I think by splitting it up and  
174 by having small discussions and then bringing those discussions back into the groups, into the bigger  
175 groups, by saying actually we went away and we discussed these points and you know the group  
176 over there has taken a different route and discussed that then you can take that and discuss it  
177 amongst yourselves in the bigger group and get a much clearer picture as to what's going on.

178 Thank you ok I was going to move on to the assignments, just tell me about writing, particularly the  
179 first assignment, what was it like?

180 Its quite a daunting task to start with you think you know 2000 words its a lot, I've not written an  
181 essay like that probably since I was about 14/15 um and it was the process of starting I think that  
182 was most difficult and there was lots of sort of deliberating and sitting around and thinking about  
183 things and putting it off until actually I started writing and then once you start writing you realise  
184 that it all suddenly started to fit together um until I suddenly realised that I was way over the word  
185 limit and then I had to work out what it was that I actually wanted to say and cut it back to that and  
186 that was probably the most difficult bit actually I found um it frustrating in lots of ways in that um I  
187 you know you sent the draft off to the tutor and er you get a note back saying have you tried  
188 exploring these avenues and you think 'well yes I have but'

189 But I've only got 2k words!

190 So to explore that avenue I've got to cut off this bit at the bottom that I I want to get across and so  
191 you know you've got to try to pick and choose and decide which way you want to go and I found it a  
192 bit limiting from that point of view but now the assignment we're doing now is much bigger and I'm  
193 now at the stage where I'm sitting there thinking 'well I'm never going to find that amount of words'  
194 so sort of having gone from wishing I had more space to say what I wanted to say and now slightly  
195 intimidated by the amount of space I've got um so it's the other way around but I think once I really  
196 start to get going with it I'm sure I'll find the same thing and actually it's a question of finding  
197 yourself some time and just sitting down and writing and really almost sort of free-form just writing  
198 what's coming into your head and then putting it away and coming back to it a day or so later and  
199 looking at it and then picking the bits that you want and expanding on those and then, you know,  
200 thinking that's way off the mark but those other bits I'm going to leave those behind, um that's the

201 way to do it but it can be quite an intimidating process to start off with as I say it's something I've  
 202 not done for some time.

203 But you write quite fluently and I wondered where that came from because you said you'd done  
 204 sciences, you haven't?

205 I don't know! Honestly it isn't something that I've done for a long, for many years and um I've always  
 206 slightly struggled with my grammar and spelling and so from that point of view its been um a nerve  
 207 racking experience really it's something that I don't feel is a strong point at all um and so I don't  
 208 know where its come from really um I like reading a lot so

209 I wondered if you were a reader

210 Yes, but beyond that I think the last big project I wrote was my BSc dissertation and that was in 1996  
 211 and that was very much research-based, you know, looking at cell lines and everything else um and  
 212 other than that I haven't written an essay,

213 Which university were you at?

214 UCL

215 But you read, what sort of things do you read?

216 Um everything and anything really all sorts um mainly novels um I've just finished reading Gatsone  
 217 Green um which was excellent

218 You'd always have a book on the go?

219 When I can, I can only read one at a time, I'm a fairly slow reader, I read as though I'm reading out  
 220 loud I can't jump in and jump out but I do, I enjoy it, its escapism

221 So you um you sat down and you wrote, what about the reading for your assignments how was the  
 222 reading?

223 Um challenging I think, specially to start with, I'd find that I was, I'd sit down to start reading usually  
 224 towards the end of the day um and, you know, tired and start the reading and within about half a  
 225 page I'd find that my eyes were moving over the words but actually I really hadn't taken anything in  
 226 and had to really force myself to sit and concentrate on what I was reading and look at it again and  
 227 um you know sort of keep bringing myself back to it and it was a tiring thing to do and finally you'd  
 228 finished it and I really wasn't sure what it was getting at and driving at until you go and discuss those  
 229 ideas with other people and you realise that most other people are finding it very similar and so um  
 230 some is easier to read than others, G&P is much more readable than Pring and Pring is much more  
 231 readable than Carr and until at the end I actually found that I probably enjoyed the Carr most of all  
 232 because it, although he is a bit elaborate and wordy um I quite enjoyed what his thought processes  
 233 were and er at some points he almost seemed quite belligerent in his thinking and he's sort of  
 234 hammering out his point again and again (laughter) but it was sort of you could see what really  
 235 mattered to him er in it but to start with I couldn't stand it I found it infuriating to read but its  
 236 practise at reading that sort of thing er unless you read philosophy regularly which I've never done,  
 237 I've never read philosophy or not to that extent then you know I think it's difficult to unpick um but

238 it's the assignments that actually help you to unpick it, its the focus you, you start thinking this is  
239 what I want to say and where can I find somebody who's thought about this before so I'd go back to  
240 the reading and look at it in a different light and think actually this is what he's discussing, its in a  
241 different context but you know if you put it into the context I want it in then actually his thoughts  
242 are, are similar and so it was really only by writing that you understand the reading and so in lots of  
243 ways I wished I'd started writing sooner um but then I'd probably have come out with a very  
244 different product, so

245 Yes, yes, very difficult, um you wrote your first assignment about this educational experience um  
246 which had obviously stuck in your mind um I wondered how it felt to be using a piece of memory, a  
247 story essentially

248 Yeh its interesting cos the, we were asked to present on 'an educational experience you'd had' and  
249 when you're asked to do that to start with, nothing really stands out and then suddenly this you  
250 know sort of came back dredged from past memories and I started to think about it and the more I  
251 thought about it the more I thought it was an unusual and interesting sort of experience and so used  
252 it but it's that whole process of actually it's something I hadn't really thought about for quite a long  
253 time er yeh, and it had been interesting and quite fun at the time um but I'd sort of stored it away in  
254 my memory and it had gone and er you know it was then finding out about it and then you start to  
255 think um have I remembered this right, is this what actually happened um and you know then I got a  
256 bit hung up on that, am I have I got it right and then actually I started to think well actually that  
257 probably doesn't matter if I've got it right because the whole purpose of it was that it has stuck in  
258 my mind and the bit of information you wanted to impart has stuck and what he's done is he's  
259 created some enthusiasm in what was quite a dry topic and done something different, something  
260 against the grain and that's why it stands out so it probably doesn't matter if I've got it right and  
261 that's exactly what he did I know that he injected himself with some histamine in front of the lecture  
262 theatre and he videoed the reaction and described it as it went on but actually how he did that um  
263 became increasingly irrelevant as I sort of explored it further and I'm sure if you asked many of my  
264 friends who were in the same lecture they'd probably remember it very differently but at the end of  
265 it we'd all go out with the reaction to histamine and hypersensitivity reactions um you know he got  
266 us to talk about it and that, I assume, was his goal, to try to get a bit of enthusiasm and inject a bit of  
267 excitement into his subject um and from that point of view he succeeded

268 One of the things, you described the incident and then you described how initially you were a bit  
269 cross really – what was he doing – and then how your thinking about it changed and I wondered  
270 how much of that had happened...

271 As a result of this? As a result of the assignment? Probably a fair amount of it because its coming  
272 back to reflection and its now actually looking as to how, you know initially afterwards we were in  
273 the run up to our exams, we wanted you know, we wanted to know really what was coming up in  
274 the exams, and how to answer the questions, and he hadn't done that he hadn't given us 'this is  
275 what you need to know about hypersensitivity reaction this is how they work that's what you need  
276 to know these are the cascades you need to learn' he set out on a different path and when we came  
277 out, there was, I can remember, there was quite a lot of talk from people about how he's gone off  
278 on one again cos he had a bit of a reputation, quite outlandish, and there was a frustration that we  
279 weren't, we hadn't found that out, but actually it was the writing of the assignment that made me

280 realise actually what he'd done, because did then later on probably that week we went off and I  
281 remember with one of my flatmates we sat down and we went through it all, based on what we'd  
282 seen and we were able to then look at how the hypersensitivity reaction could, in the body because  
283 we had that mental image, and it stuck and we were able to remember it so what I hadn't  
284 appreciated at the time was that that was a direct consequence of his lecture rather than us having  
285 to go away and having to do some extra work it was, actually he'd given us a very strong you know  
286 pillar to actually attach the rest of our learning onto and it comes back to the sort of central visual  
287 point that was able to, that meant I was able to remember what it was but it was only the process  
288 of writing that that made me realise that.

289 I wondered, this idea of using a story as evidence, if somebody had said to you before the course  
290 well you know you tell a little story an then you write 2k words on it

291 I would have thought they were mad!

292 (laughter)

293 How has that changed?

294 Because I mean I think it's it is I think if you tried to do something like that for er um trying to relate  
295 it back to other projects I've got going on for work um I you get very focused into developing um  
296 your hypothesis and looking at ways of establishing it and it's not about a story it's not about, its  
297 about looking at hard and fast, you do this and that happens as a result and so using a story as  
298 evidence its quite difficult to appreciate that a story is evidence but its, it fits in with the whole  
299 change in thinking that you have to have in order to realise that actually you're not looking at a story  
300 you're looking at a person's, individual's story or their individual experience which, when they tell it  
301 to you, that is a story it's a narrative and therefore its what you can base your, research isn't the  
302 right word, your education or your educational practices, built around that person's narrative and so  
303 actually yes it is valid but its valid in a different sort of way, but no less valid, than the evidence of  
304 science um and it is a different way of looking at things I think and its a different approach but its an  
305 approach that lets you into somebody's character and attitudes rather than into you have to know  
306 about this and if you can find out about the person you can find out about how to approach their  
307 educational needs and that's what I think this, and more the other assignment, is saying that actually  
308 yes is it is valid but in a different sort of way but it's, yeh to start with you think of a story as being a  
309 starting point for research, it did strike me as being almost mad! (laughter) Its so fallible, it changes  
310 with every telling, it gets more elaborate or less elaborate the key points get changed and moved  
311 and the emphasis falls in different places every time you tell it and so, you know, I think to myself if I  
312 come back to this assignment now would I have written the same things and I've no idea because my  
313 memory of it now has been very distorted by writing it in the first place so actually maybe I'd see  
314 other sides to it but actually does that matter so it probably doesn't, I would probably just take  
315 different bits away which would be no more or less relevant than the bits I've taken for that.

316 And in a sense, conversely, has that changed the way you view other evidence if you read journals or

317 Yeh i think it has to an extent, I'm always quite sceptical when I read journals anyway, in terms of its  
318 quite easy to elaborate on your results, er not meaning to but people often, you get very fixed ideas  
319 in your head about how a certain treatment or procedure does and how well people respond to it,

320 um its difficult to come across much evidence like this in the journals that I read for work but um in  
321 terms of they're usually trials or retrospective studies, that again there's not much scope for the  
322 story telling in it, although I suppose there is story telling in every paper because you're, by the way  
323 you write it you can bring people round to your point of view, um so it's probably slightly increased  
324 my scepticism in things I read um but not much more than that, it's such a different area that I find  
325 its changed my practice but I don't think it's changed the way I read journals that much

326 Tell me about how it's changed your practice

327 Um, it's changed my practice in terms in that I'm more prepared to listen to what people are saying  
328 and try and find out where they're coming from, what background, what issues they're bringing to  
329 the situation which before I would have probably not have listened, to such an extent, obviously  
330 listed to what people are telling you is wrong with them or what people had done to treat someone  
331 but actually you need to, I think in order to get their diagnosis and management plans right you need  
332 to understand a bit more about their background and where they're coming from because  
333 something that will work for one person wont work for another and its talking and listening and  
334 trying to be more careful in my interpretation of, of the issues that they bring to each consultation  
335 or each session, depending on who it is, and to try to judge those because they're going to bring  
336 forward the things that they think are important regardless of where they come from and where  
337 they've got those ideas from and it's up to me to try to interpret them in a way that they're going to  
338 understand and so it's a question of listening to their story and picking up on the key points and not  
339 dismissing it in a way that, I hope I didn't do too much, but I think you do when you're busy and you  
340 think actually by um acting, you can see that this is wrong with them and therefore if I, if I can jump  
341 straight to it I'm going to be quicker, but actually it takes you longer because you've not understood  
342 the background that people are coming from and if you give them a chance to tell their story to start  
343 with, then you can base what you're going to tell them in relation to the things that are worrying  
344 them, so yes its important to listen to what people are saying and I think when you stop and analyse  
345 it you start to get a feel for how important that is and how you can use that to help them either in  
346 their profession and their professional practice or in their role as a patient and so it cuts both ways  
347 it's not only about educating and teaching colleagues, its also about educating and teaching patients  
348 as well, which is something I didn't think I'd take away from this

349 And that's unexpected and that process applies to you as an educator as well as a clinician?

350 Yeh, yeh I think I see my role at work, the two are so closely tied that its actually very difficult to  
351 extract one from the other, and then I look at what I do in a daily basis, its constantly about um  
352 exploring ideas, and with a huge variety of people, it's not just the sort of the technical skills and  
353 abilities that I have to do, its continually about exploring the educational roles around and that's why  
354 I wanted to do the course to start with but its not, I've not finished where I thought I would, I've  
355 finished in a very different place.

356 Interesting, I'm just going to move onto your second assignment, I'm very aware times running out -  
357 how was this different from the first one, writing it

358 Um, less scary. I realised I just needed to get on and write and I wasn't sure where it was going to  
359 take me. In the first one I wanted to have some idea of where it was going to take me and this one I  
360 wanted to explore it as I wrote um so it was yeh much more a sort of journey really through a few

361 small comments that had been made to me by somebody I'd been working very closely with for  
362 quite a long period of time and I've gone back to the person I interviewed and she's read my essay  
363 and um I, firstly she was very surprised at the comments she'd made and it made her think about a  
364 few things, mostly she was just very surprised as to what a small, very small sentence really and the  
365 effect that it had had, but yeh it was interesting, as I said before it was much more of a personal  
366 journey and when I'd finished and I read through it I was really quite surprised as to where I had  
367 finished up compared to where what I set out to go and do, um so I found it quite introspective in  
368 lots of ways

369 Yes, it was very much about you wasn't it

370 Which I hadn't expected it to be

371 There are so many bits I've underlined I was trying to work out which ones to pull out.....I was  
372 interested in how your view of what educational practice is had changed during the module, and  
373 writing the assignment. You put 'what I've come to realise on initial reflection is it's not a case of  
374 interviewing a colleague but a case of examining my educational practice' um

375 What do I mean by that?

376 Yeh, tell me

377 I think I set out, I wanted to um I really wanted to see what Jo's experience had been over the 6  
378 months we'd worked together um where she felt that she was getting her education from as a  
379 trainee and er where it could be improved and what she felt about it and my initial thought was that  
380 you know, you use this to build to set up a maybe a once a fortnight teaching session for surgical  
381 SHOs, if that was something that they felt they wanted um and how to go about starting to build  
382 that up and what I quickly realised was that actually it is not so much about sitting down and giving a  
383 presentation on Colles fractures or whatever it is, that actually this is much more detailed than that,  
384 and the thing I need to do first is work out where I'm coming from, before I can try and teach or  
385 educate someone else and I need to work out what my own philosophy is, about how I felt about  
386 them, then how I can use that in order to try and help my colleagues improve their educational  
387 experiences because it's, you look around, they have no formal teaching programmes at all, so for 6  
388 months Jo hasn't had a single sort of formal education experience so to speak and you stop and  
389 think 'well that's appalling' to start with but then you break it down and you realise that on a day to  
390 day basis we're constantly sort of going through and exploring things and it's those that are  
391 important in teaching her, and people like her, as to how to make those judgements, those  
392 professional judgements, in order to build up and improve their practice, then on top of that you can  
393 add in lectures about how to manage problems but its, its the underlying attitudes that need to be  
394 thought about first and how you can build those into being a good surgeon because its not about  
395 come here and don't whatever you do cut that, although of course that's important (laughter) but  
396 um its I suppose um it's the judgements that you need to build on to learn why it's important that  
397 you cut here, why its important you don't cut that, and why it's different in this case to that case and  
398 that was what I suddenly found that there were things that I hadn't really thought about and it  
399 brings it all back to the course which is that its professionalism and professional judgement and  
400 they're words that come very easily and you can talk about it, its when you stop and actually think  
401 about what it is its very difficult to explain and to work out what creates good professional

402 judgement and I think until I had in my own head a clear understanding of what I thought, and it was  
403 probably personal, rather than anything else, what I thought those judgements were, that I probably  
404 shouldn't be trying to impart them to anyone else until I knew where I was coming from, and  
405 actually what my values are and what I want to bring to the job and what I want to, when I retire,  
406 have taken away from it and that I needed to work out, er so that I can try and pass that on to other  
407 people as well um and that's what this started to make me think about and that's what I was  
408 surprised about, it wasn't a short term thing this is actually thinking about how I'm going to  
409 approach the rest of my career and actually what were some things that I think are really important  
410 and if I can try and help other people to understand that then that would be a much better thing  
411 than teaching them about the management of Colles fracture

412 And then just to come to the philosophy of the programme I wondered, you said, from what you  
413 said you didn't read it before you came on the programme

414 No I hadn't

415 Had you read it before I asked you to read it for this

416 I had, I read it quite early on, in the beginning and not taken very much of it in to be completely  
417 honest and then I read um last night!

418 That's fine and how did it seem?

419 And it suddenly it made sense, really, what you realise is that assignment was a very personal  
420 journey but actually reading the philosophy of the course that's the journey you're trying to send us  
421 all down and I hadn't really appreciated that and when I stopped and read it I thought 'actually, yeh,  
422 that makes very good sense' and I think the reason I didn't take it in at the beginning and, and hadn't  
423 really gone back to it is that I think until I'd worked that out for myself I hadn't appreciated that that  
424 was what you were trying to do, and now I have appreciated that's what you were trying to do you  
425 can see how you go about doing it and it more or less fits together and it's been an interesting time

426 And if you'd read that before you came on the course presumably it wouldn't have been very easy to  
427 relate to?

428 I hate to say it but it would have put me off, yes, it might well have put me off because I probably  
429 wouldn't have really understood what it was driving at or how that was important because its  
430 everything else that's gone on with the course, in changing that way of thinking that makes that,

431 So we wont use it in our adverts then

432 Well not for me!

433 Drawn to a close.

## Charlotte

1 Introduction

2 Background

3 Ethics

4 Structure of Interview

5 Questions

6 So tell me why you came to do this programme. Why this programme and why now.

7 Ok. Probably why now first; because I've always been involved in teaching and have always been  
8 drawn to that side of practice and when I was a Staff Grade in Portsmouth I was asked to be the  
9 Educational Supervisor for the F1's doing anaesthetics and I took on that role really without any  
10 experience or knowledge. I just thought it's nice to be asked, I just learned as I went along and just  
11 picked up cues from other people and really as a result of that and I teach on APLS and other exam  
12 courses and things and have done for about ten years really and I just thought 'I need to look at this  
13 a little bit more' and, well not formalise it, I just wanted to have a little more instruction and  
14 direction in what I was doing because exam courses and APLS are very structured and but the  
15 Educational Supervisor was actually very open and I felt that actually it was something I was  
16 interested in and something that I wanted to develop and why now - because I felt that I was  
17 getting towards the end of my training and this was something, that a role like college tutor or  
18 something in the future, I felt that I'd be interested in doing but that I wanted to have a bit more  
19 background and understanding, and the way medicine is you need certificates and people had been  
20 saying "oh maybe you should do something formalised - you need a qualification to back it up". It  
21 was more out of my genuine interest that drove me towards it and then people were saying - if I  
22 was thinking about this for the future it would be useful to have some kind of qualification to back it  
23 up and I was keen to learn more. I was a bit "ooh this Educational Supervisor bit is a bit wide and  
24 open that was why now and Winchester was very local to me I wanted to do something on a part  
25 time basis. I thought about Winchester and about the Dundee course. I'd been put off the Dundee  
26 course and I felt I really wanted to do something where I was meeting regularly with the group and  
27 had more discussion and I knew one or two people that I spoke to who were on the Winchester  
28 course who recommended it and said they really enjoyed it so that was why I chose it.

29 And what put you off about the other options. You said you looked briefly at Dundee

30 Um I was - it was, I felt that it was - it's a distance learning course and the feedback that I got from  
31 people was that at Dundee you're quite on your own, you don't get much feedback. I just felt that  
32 actually I would like a bit more discussion and feedback from it. So it was more, I was put off Dundee  
33 because I didn't feel that you were terribly supported. It was quite a lot of work and it seemed to be  
34 a very point scoring kind of modular course without much support. I much preferred the idea of  
35 meeting regularly and having discussions and tutorials on a face to face basis.

36 Right, ok, brilliant



37 So tell me a bit about what it was like when you got there - you arrived on the programme, first  
38 term, first week

39 I think that I was pleasantly surprised. I think that I really started the programme with not much  
40 insight into what it really was all about. um I had a rough idea of what it was about but it was, I loved  
41 the discussion. I really looked forward to Fridays because it was very interesting, it was a very  
42 different discussion. It just felt like a very different way of looking at practice and I just felt quite  
43 excited because I was being made to think in a completely different way and I was viewing practice  
44 from a completely different angle, that I'd never really viewed it from and I felt excited because it  
45 really opened up a huge other side to medicine, education, practice that I wasn't conscious of before  
46 and its um, so yes it, I was pleasantly surprised in the first few weeks and it's kind of grown and  
47 grown since then and um yep thats...

48 Ok. And you said that it had introduced you to a new approach to practice and to education. Can you  
49 tell me a bit more about that? What was that approach?

50 Well, I think I mean I'm very much from a positivist background. Curriculum is syllabus, exams to  
51 pass, hoops to jump, scientific background, did all the sciences at school. That's been my experience  
52 really from school through university through anaesthetics and all of a sudden I guess that's been  
53 questioned, even there was one week when we discussed 'what is science? Does science exist?' you  
54 know, you think actually from day one at school I've been a scientist and what does that actually  
55 mean and so I think it was just um thinking about it from a different angle, from this non-positivist  
56 angle, and really what is practice and actually everything's been focused towards knowledge to pass  
57 exams and actually it's made me think much more deeply about what practice and what all the  
58 elements of practice are. It's been hugely rewarding in terms of my own practice and interesting so I  
59 think its um the main difference really was the approach, which is a very different approach that has  
60 been, has just opened up other avenues of thought really.

61 And that could be quite tension-producing really - you said 'I've done all this science and then  
62 somebody was saying well what is science?' but you're saying it was quite rewarding. Were there  
63 any tensions or conflicts or concerns?

64 I guess, you know, knowledge and everything has been put up on a pedestal and slightly been put in  
65 its place so its put it a bit more in perspective, so I guess the tensions, the concerns maybe, as to  
66 where do these, what are the relative, how do they lie relative to each other, um and I think, you  
67 know, previously knowledge was this huge bubble, kind of right up there, where as now it's much  
68 more in its place. I think the tensions probably lie in how does it all fit together really and I think it's  
69 all, kind of, important. Um I don't think it's - I mean it's made me look at my practice more and bits  
70 - um I don't, its not caused negative tensions I would say, um it's probably made me think about  
71 things differently and helped me understand things and understand why things happen and um I  
72 mean maybe the only knowledge seems to be everything is the I've come across people at work  
73 who, particularly surgeons who - knowledge is power and everything - and I guess maybe I look at  
74 them slightly differently and try to think 'well what about this?' but it doesn't cause tension - it just  
75 makes me view things slightly differently and I can understand you know I can understand the  
76 process, how I feel a bit better - it sounds a bit wishy washy!

77 That's great. We'll probably come back to some of those issues in your assignments. You said that  
78 one of the reasons that you were enjoying the programme and perhaps why you chose it over a  
79 distance learning course was the face to face teaching and you'd enjoyed the face to face  
80 discussions. Tell me a bit about being in the group and what you got out of it - which sessions have  
81 been most useful perhaps.

82 Um I, what I enjoy is having, there's such a variety of people from different backgrounds and  
83 different specialties and bringing different ideas to the group and um its just you can learn from  
84 other people's ideas and views and I think batting off ideas and views and ideas you can see ideas  
85 develop from different angles and I think it's not just my angle I feel that maybe look at it from a  
86 number of different angles and I think what's particularly, what I particularly enjoy, is when we  
87 break off into small groups and we have a discussion for 40 minutes and its really fascinating and  
88 thats when we really kind of have ideas and in a small group it's easy for everyone to have a say and  
89 um working on our own we come to some kind of consensus and then feedback to the group and  
90 everybody's got different ideas. I think that's really interesting, how the ideas develop in that sense,  
91 so I would say that what I particularly like...

92 Brilliant. Lets move on to looking at your assignments um and what I did was I read through them  
93 and I just marked a few bits to use as prompts really. I mean one of the things that struck me when I  
94 read your assignments was that you can write and not everybody can write. Your writing's very  
95 fluent and clear and I wondered where that came from? Have you been aware of...?

96 No! No um I haven't had any great experience in writing. I mean we wrote essays at university....

97 Cos some people don't

98 We did write essays at university and I've always liked doing projects and at university we'd do  
99 projects and write projects up so I guess I've always been quite interested in that. When I was at  
100 school, cos I did the Scottish education system, I did English to the equivalent of lower sixth, highs  
101 level.

102 Even though you were a scientist?

103 I know. I did English and I enjoyed English but I um I've never really thought of myself as a particular  
104 writer...

105 And when you came to write your assignments how was the process of writing?

106 Um well cos I read back my first 2 assignments for this and I could see how I got into it more with the  
107 second assignment and I think that the first assignment I did find quite, at the time quite hard. It  
108 took a lot of time and thought and um I felt I went round and round in circles quite a lot, kind of, as  
109 my trying to get to my point as it were. So I did lots of drafts and things bit I think, certainly, the first  
110 assignment, I had to get quite into it. I didn't find it hard talking in the first person, which I think  
111 some people said was quite hard. I didn't find that hard, I just found um the development of ideas  
112 and then coming down to writing it in a sentence, I just felt it was quite a circular process, um but I  
113 enjoyed it and I found I would, I would think about it a lot and I quite like going for runs and I would  
114 think about it and I would go running and I would just find 'where have I been?' and I'd been just

115 thinking about it so yeh I felt it was a kind of never ending thing I could kind of go on and on. I could  
116 rewrite it and rewrite it but yeh I guess, the first one was harder than the second one.

117 And it sounds like, when you were doing that what was happening was that ideas were developing?

118 Yeh oh definitely. I'd have an idea but I wasn't quite sure how to articulate it and then I would think  
119 about it and then just by thinking about it really and then writing it down and then it would  
120 obviously then relate to another idea so that was why it went round in circles. That's how it would  
121 kind of develop and um yeh

122 Thank you. Um and in your first assignment you described an incident that was significant in your  
123 education and you talked about how and why it was significant um how did that feel to be taking a  
124 little incident like that and writing about it?

125 Um well at first you think 'well what can I say?' It felt at first I couldn't imagine there was that much  
126 to say about a little incident um but I guess using the prompts helped to just stretch my ideas and  
127 thoughts around it and um think of it in the bigger sense of 'what is education' so that I found that  
128 helpful to have the prompts to develop it but it did at first I definitely thought 'how am I going to,  
129 what am I going to say about this small incident?' and um yeh and it was hard to choose the incident  
130 - what is an educational experience? There are so many things and trying to think of it from an  
131 educational perspective. So I think it was quite hard to choose the incident and then initially I was  
132 unsure how I was going to turn it into 2000 words.

133 And um you talked about - so what is it to be educated? Can you tell me a bit about how your views  
134 of education developed, particularly during the first module, perhaps...

135 Um well I think hugely changed. Education before was this kind of positivist idea that you went  
136 somewhere and you were taught and learnt something - you could take it away, rather than it  
137 being this personal kind of change in a person and what education really was. I think my whole idea  
138 of education was changed enormously writing this and reading particularly Pring - just what is  
139 education? and so I think there was a huge kind of change in my view of education as from positivist  
140 to non-positivist kind of view of it from my experience really.

141 How did you get on with the reading?

142 Um

143 You mentioned Pring

144 Well when I first read it it took me about a week to read chapter one. It was very, I found it very  
145 hard at first but it's just a different way of looking at something - a way, a kind of book I'd never  
146 really read before, and ideas that I hadn't really thought about before. So it did take a long time to  
147 read the first few chapters of it as I tried to get to grips with these words - these words and ideas  
148 that were new to me - um but over the course of the first module I got quite into it and I've just  
149 bought another book and I can just pick it up and read it and think 'oh yeh, this makes a bit more  
150 sense' - there are some words that I don't quite know yet but it is um I think, I did come a long way  
151 in terms of the reading because it was like a different language almost and then became a bit more  
152 familiar as the module went on and these ideas became a little bit more familiar.

153 How did that feel - to be given a book that contained these horrible word s and these strange  
 154 concepts?

155 Um well I **guess** at first I thought 'well what am I doing?' and 'is this' you know, at the very beginning  
 156 when I wasn't quite sure what the whole course was really about and then reading the book I did  
 157 slightly kind of question 'what am I doing?' but it didn't take long before the, especially with the  
 158 discussions – actually this is really interesting, I've got to learn more, what is it really all about? So it  
 159 um I guess you know the question; 'what am I doing?' came up at the start and 'what is this really all  
 160 about?' and it just became more and more evident as the module went on.

161 And was that because you found the reading got easier or the concepts or what was it about that?

162 Well I guess the concepts became easier as we discussed them and um the reading became easier  
 163 because I got into the language - the words and the ideas and how the ideas were developing and  
 164 I'm sure if I went back to read Pring again now I'd read it in a different way so it's um there's layers  
 165 to the reading and each time I went back I did get something different each time so its um so I think  
 166 yeh my understanding of the words and the ideas became more familiar and it got more, got more  
 167 interesting really cos you could start getting more out of it.

168 So it took some effort to get into it, but then it became rewarding?

169 Yeh yeh definitely I think it um

170 Do you read anyway, are you somebody who reads a lot?

171 I don't read a huge amount actually. I always wish I would read more. I've got a stack of books next  
 172 to my bed but I love receiving books but I just um I think at the moment it's just time really. I mean if  
 173 we go on holiday I do read and if I get into a book I can't put it down and I think that part of the  
 174 problem I'm a bit worried about getting...

175 So you are a reader really, it's just that life doesn't allow that to flourish perhaps?

176 Yes. If I had the opportunity I would definitely read more.

177 You talked about um getting to know your pupils and them being individual and how education  
 178 depended on a sort of unique identity and I wondered how the programme so far had affected you  
 179 as an educator?

180 Well I think it made me realise I think it was early on in the first module we talked about we are our  
 181 own story, where we all come from and how that affects your kind of perspective and view and  
 182 direction and I just thought well you know everyone's the same, everybody comes with their story  
 183 and that will affect what they want and where they're coming from really. So I think it was that -  
 184 you're kind of teaching somebody in theatre, you get people from different countries, different  
 185 nationalities, you kind of think well they've had a different background, how they learn is different,  
 186 what they want out of this is different, so I've got to kind of understand that and um

187 Was that something new to you? How would you have thought about that before?

188 Um I don't think it was conscious to me before. I think was, um I was aware that people were  
189 different and had different ideas, but just quite how ingrained that is in terms of your values and  
190 how you would act and how that would affect you - that wasn't a conscious thing before and so that  
191 yeh that was different.

192 There's a couple of times when you've said 'it wasn't conscious before' and I wondered; is that a  
193 sense that the things that you've learnt aren't completely new, they were there somewhere?

194 Well yeh and I think this whole idea of kind of reflective practice and that it's there but we're not  
195 conscious of it, I think maybe that, cos you do things but you're not sure why you do things why or  
196 what it is. So I think that I was aware but I wasn't exactly aware of, I hadn't explored it more so I  
197 think that's what I mean, not being a conscious thing, so I'm aware that the thing's there but not  
198 quite, haven't explored it in any depth.

199 And now you're more aware of them?

200 Yeh So more aware of it, still I'm sure there's plenty of things that I'm not aware of but more aware  
201 of it and more aware of the fact that that there are things I'm not aware of if that makes sense...

202 Mmmmm

203 So in terms of practice, you know that there's lots of things that you think 'well why am I doing that'  
204 and that would be another kind of thing to kind of think about, just I'm aware that there's a lot that  
205 I'm not aware of

206 And again, coming back to the idea of 'Is there a conflict?' I mean that could be quite disturbing in  
207 terms of your practice. You know we're busy, we get on with things and suddenly you're put in this  
208 situation where you're thinking about it all differently - it could be rewarding but it could be quite  
209 disturbing. I wondered how it felt?

210 Ummm I think um in terms of my practice its more um that it kind of, well I can see where I've been  
211 coming from, very much, from before but there's this other side which I have just become much  
212 more aware of, and how that all fits together, I guess is putting it into perspective, but I don't think  
213 that it causes negative tension it's just that its fascinating. Actually there's another side to it and I  
214 just think that's um, I guess I'm just learning about how to explore that really, and how to  
215 understand other elements to it. I guess sometimes it might put more uncertainty into situations  
216 maybe and might make me, um yeh maybe, more uncertainty about it, more reassurance in some  
217 ways - that everything can't be explained. Because there is this feeling before, that knowledge is  
218 everything, and everything must be explained, but actually its quite reassuring to feel that actually,  
219 no everything can't be explained, so I guess that's um not in a complacent way but in a kind of open  
220 way.

221 And you described how um or you're now describing yourself as, 'well I come from this positivist  
222 background and I've met this new thing' - presumably before you wouldn't have described yourself  
223 like that?

224 No, I mean I think I've always been um I've always thought a lot about what I do I guess and so  
225 maybe some of these things I've been thinking about now I had thought about in the past but I

226 suppose I haven't really had a means to kind of articulate them or how do they fit in. I've never really  
227 had the kind of place and never really had an idea of where they fitted in to everything but I think  
228 I've always thought about things and thought why are people doing things um before..

229 So this has fed into that really?

230 Yeh its been helpful to kind of put it in this, to give me a framework really, in order that I can think  
231 about it more and um yeh

232 Thank you. I wondered about this sort of idea, of evidence really, - you've got a section that says  
233 'reflecting on the nature and status of the evidence' um and your evidence was essentially a memory

234 Yeh

235 And some thinking about it um tell me about your concepts of evidence and research and how they  
236 might have changed

237 Well I think that was quite hard, what is the evidence I mean obviously scientific background, has to  
238 be proven 'the truth' and 'this is proven quantitative evidence' but qualitative evidence seemed  
239 initially very wishy washy and very nebulous and highly subjective and I thought well how can my,  
240 just my ideas, be evidence? That can't be right. They've got to be validated by hundreds of people  
241 and all the statistics and everything so I think it was quite hard getting to grips with this new way of  
242 looking at evidence and the idea that it's evidence from me within and it can be subjective, it  
243 doesn't have to be this quantitative proven truth - that it's just something to, that supports my  
244 views and findings on my research or enquiry so its um I think I kind of struggled with this whole idea  
245 of evidence to start with cos of the very different nature of the evidence and how and at first I didn't  
246 feel that, that could be right, it can't be real evidence, but actually in the context of supporting my  
247 ideas and views, then actually I guess that is the evidence.

248 How does that feel now?

249 Um...I think I'm getting to grips with it a bit more now I wouldn't say I was completely..

250 Me neither!

251 But I think I've accepted that it doesn't have to be quantitative evidence and I don't think it has to be  
252 um that the whole process of enquiry is looking at my practice and therefore the evidence is my  
253 experience, my feelings or thoughts, so I can understand that and the idea that this is subjective and  
254 that this is a viewpoint, I can understand that, but I guess it's all quite, being able to accept it truly  
255 from this subjective view.

256 It's still problematic?

257 Yeh it it's still kind of um you know you think well how valid is it really

258 Absolutely. I think one continues to struggle. It's not easy and I wondered if it had changed the way  
259 you look at other research and evidence - you read journals and you go to conferences and you hear  
260 presentations - has it changed the way you..?

261 Well, yeh I think everything is putting it in context really. Somebody presents something and these  
 262 are the numbers and this is, what really is, but I guess that it makes me question it more and they're  
 263 presenting their findings that have come from their context, their ideas, their beliefs, their feelings  
 264 of what's important, and I think that it's made it.. They're trying to present this objective evidence  
 265 but I still think that it's quite subjective how they've gone about it, and what their important  
 266 questions were, and things like that. So I think it has changed my view of questioning a little bit more  
 267 and not being necessarily 'well they've shown that and that's the truth' it's not quite so its..um...

268 A bit more tentative?

269 Yeh and it's made me be more critical, not necessarily in a negative way

270 But in the sense of thinking about it

271 Thinking about it yeh and putting it into context and how they've developed the ideas and how  
 272 they've gone about it and things..

273 Excellent. I think that's probably all I was going to say about that assignment; unless there's anything  
 274 else you wanted to say about it?

275 Um no

276 Praps if I could move onto the second one and you said that you felt that when you went back to  
 277 them that um things were coming together more in the second one?

278 Yeh I could, I read the first one and it felt um I think the second one flowed more for me and I just  
 279 felt more, I'd got more into the swing of writing for the second one.

280 Didn't need so many drafts?

281 No

282 And you said at the beginning 'I've found aspects of my practice hard to describe and I wanted to  
 283 investigate this.' Is that something that's changed through the course so far?

284 Yeh I think it's looking, well questioning, I mean its about enquiry, looking at my practice and I think  
 285 that's what surprised me about the course, that it's all about me and about my practice and so kind  
 286 of looking at my practice - why am doing it? Not just in a kind of medical way, but just why am I  
 287 doing it in a bigger sense, so I think it's just opened up all those kind of questions really and um, and  
 288 there are so many things that you just do because that's what you do, and they're based on just my  
 289 way of interacting with people, or my way of dealing with situations, so it was that really that I was  
 290 thinking about.

291 And you said that you'd found the process of gathering the data 'educational'. In what sense did you  
 292 mean that? Can you..

293 Um the, my data were yeh looking at my kind of observations, looking and reflecting on it, just  
 294 actually that process was educational, because I'd learned maybe to look at what was going on  
 295 around me and look at um just looking at the situation in a bigger wider sense so I learned just from  
 296 reflecting on it essentially.

297 And presumably, I don't want to labour the point, but presumably if 6 months before somebody had  
 298 said 'well if you sit in a room and think about something that somebody said during an operation you  
 299 can learn from it'...

300 How would that have...

301 Um I think I would have looked at, I wouldn't have had the insight to look at it from such a number  
 302 of different angles I would've probably looked at it from a kind of clinical skills perspective um  
 303 without really appreciating the different aspects of practice and that well more holistically really I  
 304 guess.

305 So there is a skill in unpacking what one small bit of evidence might mean really?

306 Yeh yeh

307 You talked about the prompts for the first assignment

308 The prompts and with different types of knowledge, different types of levels of the iceberg and  
 309 things like that, I think it's useful having a few prompts like that to help um kind of tease out all the  
 310 different bits of it.

311 I wondered if it's possible to say - your ideas about all these things have obviously developed quite a  
 312 lot. You know from the idea of taking a small amount of data and developing it, what is evidence,  
 313 what is practice and I wondered if you could say anything about what role the reading, the group  
 314 work, has played in those bits. What's been particularly important?

315 Um I think, I mean, reading is very helpful because it um it provides some kind of knowledge of the  
 316 whole process of educational research and what is education so I think the reading brings out a lot of  
 317 ideas and kind of knowledge in this and then, but then I read it, and I read it in my way, but then  
 318 going to the group and discussing it actually is interesting, because people read it in different ways,  
 319 and actually its helpful too. I think the reading is essential, I've found, and then, but the discussion  
 320 helps understand some of the ideas cos some of the reading was quite hard so it helps actually  
 321 understand what that was all about and then develop ideas and see it from different perspectives  
 322 really.

323 Yes, I think that's why we always think that we couldn't do it as a distance learning course really you  
 324 couldn't just say read Pring.

325 No. I mean, I'd miss half of it, or more actually, cos if I read Pring it would be my understanding from  
 326 Pring and it would take me much longer as well cos I'd not be able to move on so quickly without  
 327 discussing it and understanding it.

328 I think that's right. I think we'd lose students if we had a distance learning course and we sent them  
 329 Pring as well!

330 Laughter

331 I was interested in this bit where you said that - you're describing this episode where this surgeon  
 332 said 'use your instrument as a paintbrush' and you said 'he showed great restraint and patience by



333 allowing his trainee to continue' and I wondered if you would have recognised the wisdom in his  
 334 approach before and whether you would have been able to describe it?

335 No, I don't think I would've really um I think yeh I may have viewed it differently.

336 Is it possible to say how?

337 I may have got frustrated because he was taking a long time – and from an anaesthetists perspective  
 338 that's not a good thing - um but then, so I think I would have viewed it differently. I might not have  
 339 given him so much credit for it previously um but he was, I think he was very patient, he's a very  
 340 good surgeon, so maybe I would have put it into the context of how he kind of operates and I could  
 341 see that it wasn't, it was for good reason, it wasn't because he was, you know, faffing around. He  
 342 was using the time, in this situation he was using the time educationally rather than to move on, he  
 343 used it appropriately. He gave him time, but he stepped in at the right time, so I guess I probably, I  
 344 think I would've viewed it differently possibly but um...

345 He was making quite a complex judgement really letting the operation go on a bit longer, using the  
 346 time educationally...

347 Yeh

348 But not too much

349 Absolutely. What's enough, what's too much, and um with the patient obviously being the centre of  
 350 the whole of this, um yeh it is but often that's the case - how many times do you let the trainee try  
 351 to intubate or whatever - there is a lot of judgement. So it was a judgement, a professional  
 352 judgement on his behalf. So I would've, I think there's seeing practice and the importance of  
 353 professional judgement - I can now um see the whole, understand it more, just what he was doing  
 354 at that time.

355 And you talked about this case as 'a case of the difference between training and education' and I  
 356 wondered, it's a bit related to some of the things you were saying before, but this idea of a case and  
 357 a case of this and a case of that - how did that feel when we first started talking about it?

358 A case..

359 The idea of a case

360 Um, well a case before was obviously a patient, a situation, a skill, but this yeh I mean a case study,  
 361 an event, rather than a - I don't know, I hadn't really thought about that as a specific thing really  
 362 but I think um it doesn't seem too um, it's a different way of looking at a case, rather than a medical  
 363 case like the critical incident, I mean that's a very different way of looking at it - but I can see the...

364 There are some similarities?

365 I can see that its an aspect to learn from, to explore, so I can see the comparison.

366 And then at the end you say 'I must unravel my personal beliefs values and theories that I bring to  
 367 my practice and take time to consider the traditions which form the framework in which I practice'.

368 Is it possible to say where that came from? Is that something that you would have had inside you, if  
 369 not consciously then unconsciously do you think?

370 Um I think it's hard because I think it's probably just totally me, that why I'm me and I can't say why  
 371 I'm me really, maybe the things that might affect my practice, and my education and my experience  
 372 and you know to some extent what are my values and beliefs in these areas, cos that will affect my  
 373 decisions that I make, so I don't think I can totally be explicit, but I think um I can make an attempt  
 374 to try and understand why I do things, and that will be based on, kind of, the way I've learned things,  
 375 the way I've been brought up, and that affects my values, and so I think um so it might give me more  
 376 insight into what I do really.

377 And is that idea, that your practice is so affected by your beliefs and values and the traditions that  
 378 you come from, was that a completely new idea to you? How does it feel?

379 Totally. Yeh, I mean that was new because I think I just felt like I was part of this bigger, I was a  
 380 medic in the medical system, and I was just like a, I think before I just felt that I was following the  
 381 tradition of the system and...

382 You were on a conveyor belt?

383 Yeh and I was just kind of being processed along and doing fulfilling a role within this bigger picture  
 384 without, um really looking at my influence on this role. I just think, I just, before I was very much  
 385 more, a kind of, well not service provider, that's demeaning, but I was hopefully working in a  
 386 professional capacity, but I was um working really within the tradition of the culture within the  
 387 hospital, medicine and anaesthetics um, which has its own kind of culture, and ideas about things  
 388 and I was following those traditions and ideas which, um you're kind of ingrained in really from day  
 389 one of it, so I think that the idea that I bring something more to that was new to me.

390 And, is there a difference between, you said you were aware of being in a tradition in a system and  
 391 of course you also talked in your assignment about being within a tradition, are those two different?

392 Well I think they're probably kind of within each other really, and that's because obviously that  
 393 affects me, my position in it, but its, I think, I, there is definitely a kind of, there's the culture but how  
 394 I interpret that, and how I react to that, is obviously dependent on the values and beliefs that I bring  
 395 to it. So I think it's the whole thing all together but there is um the kind of other influences.

396 So its like you're interaction with all those things, rather than I'm here and this is being done to me?

397 Yeh, so it's how it all interacts how I will um yeh, how I can react within this bigger, this other world,  
 398 it's got huge, the political and job pressures and exams there's lots of other, and just the culture  
 399 within, there is a very positivist kind of culture and you have to go through hoops and you've got to  
 400 get jobs and exams, you've got to jump through these hoops.

401 But you have to comply with that system?

402 Yes - you can't say 'well I don't believe in that, I'm not sitting that exam.' you won't progress, so I  
 403 have to comply with that, and live within that, but I will bring my own kind of values to that.

404 And is that a comfortable process living within something that you perhaps...?

405 No, not necessarily all the time and I think that's probably what why I've struggled with it in the past,  
406 and thought about changing careers, because um you don't necessarily believe or like aspects of it,  
407 but um but I think particularly now you get more senior, you can start developing niches and  
408 interests and um, creating more personal kind of interests, that make it more comfortable - you  
409 don't feel quite so much like a hoop jumper stuck in a ...

410 You can make your own world with in it? And has the programme exacerbated those tensions or  
411 made it more comfortable?

412 Um I think it's made it more comfortable really. By understanding it more, I feel I understand more,  
413 the bigger picture of professional practice and where I fit in, my professional practice and just  
414 looking at it more holistically, I think it's made it more comfortable.

415 Brilliant - thank you. I just wanted to spend a few minutes at the end thinking about the philosophy  
416 of the programme um and I wondered um if you'd read the philosophy before or - not that you have  
417 to - but were you aware of there being a philosophy?

418 I was aware of the philosophy. I have read it before and I think and I did read it, albeit rather briefly,  
419 for this interview again and I read it, I think it was when I wrote the first assignment um and we got  
420 prompted towards reading the philosophy, so thought it would be interesting to read and it has, at  
421 the time I found it quite hard to read and now actually it makes a lot more sense, and reading it  
422 again so I think its um, my kind of understanding of the philosophy of the programme has developed  
423 as I understand a bit more what is educational research. At first I was still struggling with this idea of  
424 'what is educational research?' but it is becoming more and more familiar.

425 So you didn't read it before you came on the programme?

426 No

427 But you read it before the first assignment, because Roger talked about it – is that?

428 Yeh - I think we were talking about the assignments and there one prompt to read it so I read it.

429 And do you have any knowledge, you may know other people who've done education programmes  
430 elsewhere or whatever, do you have any feel for how this would be different on other programmes  
431 at all?

432 I know somebody who's done the Dundee course and she has um, I haven't really explored it any  
433 great depth, but I very much get the feeling that it's a very different approach and more how to  
434 teach and things like that rather than actually kind of from the bottom up, more top down, so I think  
435 I haven't, I'd be interested to, but I just haven't really had time to. I definitely get a sense that its  
436 coming from quite a different angle and I know one of the tutors on the Dundee course is very into  
437 anaesthetics and his name is always on the CCT documents in anaesthetics, which is quite interesting  
438 cos he's obviously had an educational input into these but they're quite prescriptive but its...

439 So that implies an approach

440 Well I'm making a huge leap there but I just wonder – but I think there is a very different  
441 philosophy..

442 And do you think that this, I suppose one of the things I was interested in is, we talked about the  
 443 written curriculum and the experienced curriculum - is the philosophy - does it bear any relation to  
 444 what you experience on the programme?

445 Well I think it does actually - in terms, I can't really quote but..

446 Does it do what it says on the tin?

447 I think it does. I think it does - I think this idea of practice coming from within, developing practice  
 448 and learning what is it evidence, and finding ways of getting that evidence - I think it, so far my  
 449 experience, having read it again - it does match what um but then it helps to see what we're trying  
 450 to get out of it as well - so I think it does match what it says..

451 So it seems fairly similar to what you're actually experiencing - are there any differences or nothing  
 452 that particularly struck you?

453 Um nothing, nothing obviously

454 I'm not trying to catch you out - it was just..It describes a particular approach to research and to  
 455 professional practice - can you just say in your own words what that is?

456 The approach to research?

457 The approach to research and a view of professional practice.

458 Um well, I think it's kind of looking at practice in, through reflection on practice and what actually is  
 459 the practice, and then how, looking at the different ways of research within practice and how you've  
 460 got to look, for me it seems you've got to look within me, myself, and at my practice so that then I  
 461 can pass that on hopefully to learners or help learners and other educators and hopefully then  
 462 influence it on a bigger scale it has to start from within, from me reflecting on my professional  
 463 practice and what that actually entails and my kind of take on it really..

464 You've obviously come a long way in thinking about these ideas - can you say a bit about where you  
 465 are now, if there are things that are still problematic?

466 Um I think I think I, I think maybe kind of methodology - looking at that is still something I've not  
 467 quite got to grips with, and the different ways of researching - we've looked at case study and I  
 468 think I'm getting my head around case study but just, so maybe that area is still an area that I need  
 469 to look more into, but certainly in my kind of practice its made me, its changed the way I look at my  
 470 practice in terms of teaching - I feel it's definitely changing the way I view even kind of short little  
 471 informal sessions with people, so I think it's changed that, but also within, I can still see areas that I  
 472 need to, there's plenty more to learn.

473 Yes yes absolutely! Can you give me any examples of how it's changed you as an educator or as a  
 474 doctor?

475 Well, I think I've, as a doctor I just, its really opened my eyes to the bigger picture and um just all the  
 476 different aspects of practice, all the types of knowledge, and what actually makes practice so,  
 477 looking really much more into what is professional practice and I think that's been hugely beneficial,

478 just to develop me individually, and that, then how I teach because it's always been kind of  
479 knowledge course, exams particularly, how I teach, its always been very much knowledge - but  
480 actually to step back and ask a bit more 'why?' to try to make it a bit more educational for the  
481 learner and just, I mean I had to do a, go through somebody's competencies the other day - she  
482 wanted to go through it - and um I just felt myself approach it differently. I just thought you know,  
483 'why are we doing this? and what's the importance of it and how does it fit into your practice?' cos  
484 she was a paediatrician learning about anaesthetics so I had to tick off her anaesthetics, trying to see  
485 why she thought it was important and where it fitted in - I just, I definitely think it's kind of opened  
486 my mind, I kind of feel that I've been released from this kind of 'knowledge is everything' .....

487 Drawn to a close.

## Appendix 12

### Assignments

#### Malcolm Assignment 1

1 The primary intention of this essay is to outline a 'facet of my educational biography', to reflect  
2 critically on my experience, and then to examine its effect on my own concepts of education,  
3 educational practice, and educational enquiry.

#### 4 Facet of my educational biography

5 I never learned to swim. Despite the best intentions of my parents, work, geography, and moving  
6 house prevented me from progressing beyond the 'floundering stage'. As I grew older my inability to  
7 swim caused me few problems, and I considered it a skill I could happily be without. Certainly as I  
8 graduated from University and embarked on a career within medicine, it was the least of my worries  
9 as I began to learn how to 'juggle' life and work. That changed in my late twenties when events  
10 within my personal life highlighted this 'deficiency'. A woman I had recently met (and who would  
11 later become my wife) was an extremely proficient swimmer, and my lack of swimming prowess  
12 became a major source of frustration and embarrassment to me. Despite being desperate to learn,  
13 and having a very willing and able teacher to hand, I found the situation very difficult to admit to and  
14 accept help. More specifically I recall the first time I was 'watched' swimming in order that it could  
15 be seen what I could already do prior to being given my first 'lesson', and the way that my 'tutor'  
16 adapted her advice to 'manoeuvre' around my personal embarrassment, resulting eventually in me  
17 learning the skills to enable me to swim. It is this experience, the interaction between pupil and  
18 teacher, and my subsequent analysis and reflection on it, that forms the premise of this essay.

#### 19 Reflections

20 We spend a lifetime learning. From birth to death it is hard to think of a period in our lives when we  
21 are not faced with new challenges that require us to understand, learn, and adapt to new  
22 information or situations. Why then does this incident stand out from all my other learning  
23 experiences? What made this incident difficult for me, was my own perception of failure at not  
24 having mastered a skill I now wished I possessed. I initially refused to acknowledge that I needed  
25 help, attempting instead to persevere on my own, which only served to exacerbate the problem and  
26 feelings of isolation. I was frustrated not only because I couldn't do it, but because I felt I *should be*  
27 *able* to do it. Maybe this was because, as McIntyre suggests, I had grown up in a story telling  
28 environment of boys and men portrayed as 'heroic' swimmers, and I was therefore not fitting in to  
29 my imputed character role within society (McIntyre, 1985, p216), or maybe it was simply a biological  
30 desire to impress a potential mate? Whatever the underlying reason, my assumptions, beliefs and  
31 attitudes were preventing me from learning. These barriers to learning are well recognised by Pring  
32 who mentions ignorance, false beliefs, lack of self-respect, and envy of others, that would all be  
33 relevant in this particular scenario (Pring, 2000, p19). Every individual brings to a new situation the  
34 mental baggage formed by expectation or previous experience (Elmer, 2007, p4), but where this  
35 episode reflects on educational practice is the manner in which the teacher managed to 'dig deeper'  
36 than the 'doing and experience' of swimming, and address my assumptions, attitudes, and beliefs. It  
37 was only by doing this, through humility, respect and understanding on behalf of the teacher, and

respect for the knowledge of the teacher by the pupil, that I was able to acquire the concepts and knowledge to dispel my ignorance and actually learn. Therefore I believe that it is this feature, the interaction between pupil and teacher that is so vitally important to education and learning. Not so much the actual act of 'teaching', but the inter-relationships that co-exist when one learns, and the ability of the teacher to look beyond the superficial.

I have noticed that on reflection, this is what I have learned to do in my own educational practice. You cannot think of a person as an 'empty vessel' into which information can simply be poured until they are full, but as a complex organism that exists with their own preconceptions and 'educational baggage'. Every individual will require a different approach to achieve optimal learning, and this will be dependent upon their physical, emotional, and psychological standing, as well as the current paradigm within which they, and society exist. Understanding where a pupil is starting from, both personally and academically, is an essential pre-requisite of any learning or educational agreement. As Golby and Parrott state:

Teaching in non-trivial areas such as these is surely more a matter of understanding where the learner is and fostering the spirit of curiosity than the simple transmission of facts to another (Golby and Parrott, 1999, p.5).

With respect to my own professional education practice within medicine, this involves attempting to determine what each student actually knows, but also attempting to define what kind of person they are before you even begin to 'teach'. This however takes time, skill and awareness on behalf of the teacher, and can be difficult to achieve the 'spirit of curiosity', particularly in 'un-planned' situations.

If we agree therefore that each individual requires a different, albeit subtle, approach to enable them to learn, then this would appear to contradict the current method of educational practice to which most of us have been exposed, particularly in higher and further education. Long didactic lectures to audiences numbering in the hundreds cannot be the best way for students to learn, as the teacher cannot possibly interpret and address the needs of the individual. This would also imply that individual, or small groups would afford the teacher a greater chance of success in this role, and result in better learning among the pupils. Taken further, I believe this is why the traditional method of the 'medical apprenticeship', whereby a team is created that works together for many months, and each member of the team learns from the person 'above', and duly teaches the person 'below' has been so successful over the years. The apprenticeship style allows both the pupil and the teacher to learn and address the particular individual needs *within* the learning environment. With current changes to working hours and training, this traditional structure has been eroded, and much of our fears over current medical training would appear to stem from the loss of this unique relationship. Furthermore, with regards current educational enquiry, I believe that this aspect of teaching should be evaluated further, in order that the most effective aspects may be adapted by our new system of operating.

In addition to highlighting the importance and individuality of the teacher-pupil relationship with regards to the *quality* of learning, this incident also demonstrates another important facet of education. As the holder of a University degree, and post-graduate professional qualifications, I was to all intents and purposes a well-educated individual. What one deems as 'well educated' is, as Pring demonstrates, open to debate, as is what is considered a worthwhile educational activity (Pring, 2000, p14). What is considered worthwhile will clearly vary depending upon the context in

which it is placed. With reference to this incident, getting time off work as a doctor in order to learn how to swim would be considered inappropriate and not worthwhile, whereas learning to swim as a seven year old would have been actively encouraged as worthwhile. It is in part this feeling of 'inappropriateness' which I believe leads to the bulk of frustration and embarrassment, and probably discourages people from wanting to learn. It makes me realise that within a specific 'age and society', not only are there skills that are almost universally accepted as useful to know, but also an appropriate time frame within which to acquire those skills. Beyond this time frame it becomes assumed that the individual will possess those skills, and it becomes increasingly difficult for the individual to admit to their shortfalls, or find a socially, or educationally acceptable way to rectify the problem.

Proving that you have acquired certain competencies before progression to another stage of education is a well-established practice within our current educational system. I am not advocating, in this particular case, that everyone should have swimming as a pre-determined objective and have their ability assessed prior to leaving school, but when this is applied to other learning agenda, then I do find 'competency based progression', and the setting of explicit objectives a difficult issue. Golby and Parrott (1999) illustrate this argument by stating

Explicit outcomes, seen in advance by teacher and learner, seem increasingly problematic in areas of significant learning. Obviously much further work is needed to classify the kinds of learning we may wish to promote in schools and colleges. Ours is not an argument for no *planning* of teaching and learning but a plea for better recognition of the complexities of teaching and learning (Golby and Parrott, 1999, p.6)

Pring (2000) writes similarly The result is a language of 'ends' and objectives established outside the process of being educated...(p26)

This objectives approach has its advocates, and when considering current professional educational practice it is apparent that we are relying more and more heavily on pre-determined objectives as markers of 'having learnt' and thus being competent, but does this really disregard the finer 'complexities' of learning. Stenhouse was strongly critical of this approach.

Basically, the objectives approach is an attempt to improve practice by increasing clarity about ends. Even if it were logically justifiable in terms of knowledge there is a good case for claiming that it is not the way to improve practice. We do not teach people to jump higher by setting the bar higher, but by enabling them to criticise their present performance (Stenhouse, 1975, p.83 cited in Golby and Parrott, 1999, p.7).

There is however a requirement, particularly amongst professionals to prove to the public that they are competent to perform within their professional jurisdiction, therefore how can a modern education system marry up these two seemingly opposing needs?

The two facets of learning that I have highlighted here are, I believe, fundamental to all aspects of education and further research into them would surely be beneficial. How we can address these issues and derive useful information to apply to the practice of education, and modern professional education in particular, remains elusive.



119 The majority of the evidence I have presented here today is based on my own memory and  
120 recollections. It is now over five years since the episode in question and, as the award winning  
121 author Javier Cercas states in *The Speed of Light*, ‘...I don’t know which parts of the story correspond  
122 to the truth of the story and which parts to attribute to the imagination, bad memory or bad  
123 conscience of the narrators (Cercas, 2007, p87).

124 What Cercas is implying is what we all probably suspect. When we re-visit memories, we interrogate  
125 them, and re-judge them in light of history and our own personal reflection. We will ‘spin’ our  
126 memories to suit our purpose and make them fit our current interpretation of events. Moreover, as  
127 each interpretation is peculiar to the individual, there is no possibility that the meaning derived can  
128 ever be verified by any third party. Memory and its interpretation is therefore a malleable, individual  
129 commodity. Despite this malleability however, our memory is clearly a component vital to human  
130 reasoning, education, and learning, as any carer of a person with dementia will testify. It would be  
131 easy therefore to say that memory should be afforded a status equal to other forms of data in any  
132 educational enquiry, however I do not believe it is as simple as that. To assume that all memory, and  
133 testimony derived from memory, is equally valid would be to grossly underestimate the human  
134 animal, which brings us to the age old problem of ‘who do you believe?’ I believe that we can use  
135 memory, and these highly individual experiences do represent extremely useful evidence and  
136 knowledge. I would go so far as to say I believe memory and its interpretation may well be the  
137 ‘ultimate form of education’. Who hasn’t played an incident over and over in their mind and vowed  
138 to do things differently next time? I know of no book, presentation, or lecture that can emulate that  
139 educational experience! However, the wider picture of the individual, their motives, and ideology  
140 must be taken into consideration, when we use their interpretation of events existing only in  
141 memory for any greater purpose or goal.

## Malcolm Assignment 2

### Case study Enquiry into our Personal Education Practice:

What form of Educational practice do Junior Hospital Doctors find most beneficial?

or

“Practices are changed by changing the way in which they are understood”

(Carr and Kemmis, 1986, p91)

Case study, when properly conceived has been advocated as an alternative, non-positivist form of educational enquiry for research practitioners to conduct. It has the potential to relate theory and practice, advancing professional knowledge by academic means (Golby and Parrott, 1999, p69). For this enquiry, I conducted a small-scale case study, focused primarily around comments made during an interview setting to investigate my own educational practice, and particularly to try and answer the very open question of ‘what form of educational practice do junior hospital doctors feel is most beneficial?’ Several comments were made during that interview which, upon reflection, I felt were of a ‘critical nature’. I would like to focus specifically on just one of those comments and expand further on the principles that it appears to highlight.

### Background and Context

I have been practising medicine for over nine years. With progressive seniority within the registrar grade comes, as one would expect, ever increasing responsibility, not just with regards clinical decision-making, but also an inherent, though often un-discussed responsibility for fulfilling the supervisory and educational needs of junior medical staff. Professional relationships are often brief and fragmented by inflexible service commitments, thus making it difficult to ascertain and respond to the educational needs of the individual. This having been said however, the registrar will often be responsible for much of the organisation of formal teaching i.e. lectures and presentations, on which significant emphasis is given. However much valuable teaching, demonstration, and direction is given on an informal basis at the bedside. This practice has, for many years been considered the cornerstone of medical teaching, however the emphasis seems to be shifting away from this method, instead adopting a more formalised and competency based approach i.e. reducing medicine to a series of smaller ‘competencies’ that somehow need to be ‘ticked off’, in ‘teaching’ junior doctors. I wanted to see how junior hospital doctors felt about different aspects of their teaching, and how this compared to my own educational practice.

### Interview results and Interpretation

(The full transcription of the interview may be found in the appendix).

I undertook a semi-structured interview with a female junior doctor who has practised medicine for the past three years, whom I have known and worked with professionally for the proceeding five months, and with whom I had established a good working relationship. She gave full informed consent for the interview to take place and for it be recorded and used for the purposes I had outlined. The interview itself took place in a neutral, public part of our hospital, and was recorded

37 using standard audio equipment and then later transcribed by me. The entire process was voluntary,  
38 and she was free to curtail the interview and leave at any time should she so wish.

39 The interview was short, approximately ten minutes in duration but to my interpretation revealed  
40 some striking comments that, on reflection, I felt were 'critical' in nature. Unfortunately, In recent  
41 years the term 'critical incident' has been adopted and 'maligned' by medicine, in the process  
42 confusing 'critical' with 'adverse', resulting in 'negative implications' for the term. I however prefer  
43 to adopt a different interpretation that is neatly encompassed by Fish and Coles. 'A critical incident  
44 is an event whose significance has been produced by the way we look at it...it is also about learning  
45 to see our practice in a new light' (Fish & Coles, 1998, p71).

46 Although many comments made during the interview were worthy of further exploration, I would  
47 like to focus on one comment in particular,

48 '...not everything is about books and literature and what is written, it is more about experience.'

49 There was an independent realisation on *her behalf* that undergraduate learning enabled you to  
50 pass exams, but left you unprepared for decision-making in medicine, as she states '...we have all  
51 passed the exam, and *now* it is time to learn...' As our conversation progressed on the topic of ward  
52 based teaching, further comments were made that would appear to support that interpretation; 'I  
53 wouldn't have picked that up doing it by myself', and, 'if someone questions you, that is the only  
54 time you think twice about it and realise *why* you are doing it'. What made these incidents critical  
55 for me, is that they reflected and encompassed her awareness and feelings that what enables  
56 doctors to 'do what they do', is their *professional judgement*, their clinical skills, and their ability to  
57 put 'textbook theory' into practice. As Tripp defines it 'Professional judgement is thus a matter of  
58 expert guesses, and has more to do with reflection, interpretation, opinion and wisdom than with  
59 the mere acquisition of facts and prescribed right answers' (Tripp D, 1993, p124).

60 For me, these statements reflected her realisation that what she needs to learn is *when* and *why*,  
61 not *what*? Reading, or being told what to do will not suffice. There was an understanding that the  
62 way in which you develop that professional judgement is through discussion with seniors, reflection  
63 and deliberation, and the use of the 'critical friend.' From a medical standpoint this case has been  
64 argued for many years. As Oglive wrote in 1945, 'Wisdom is acquired as far as it can be acquired by  
65 clinical study and discussion, by seeking out wise men, watching their methods, and listening to their  
66 comments' (Oglive 1945, cited in Calman 2007).

67 To refer back to our definition of a critical incident, this realisation not only enabled me to see my  
68 own educational practice in a 'new light', but by allowing her to observe, to act as a critical friend,  
69 and by encouraging her to realise for herself *why* things are done, and how she *herself* learns, her  
70 own practice would be enhanced. It also highlighted for me the 'gap' between 'theory' and  
71 'practice', and the 'tensions' between different perspectives of teaching and learning. In her case,  
72 practice preceded theory, however through deliberation she was then able to use that theory to  
73 'develop a more refined and effective understanding of (her) own problems and practices' (Carr,  
74 1995, p36). This brings us again to the main point of this case study, as Carr continues, 'by subjecting  
75 the beliefs and justifications of existing and ongoing practical traditions to rational criticism, theory  
76 transforms practice by transforming the ways in which practice is experienced and understood'  
77 (Carr, 1995, p36).

## Discussion and Criticism

The purpose of case study is to empirically investigate contemporary real-life events that require evaluation in an effort to answer a particular question, (although it may not be clear at the outset what that actual question is!). Multiple techniques and methods may be employed within a case study (i.e. it is not a method in itself), thus I elected to use an interview to *collect* the raw empirical data initially, and then employ additional methods to deliberate on it. This included personal reflection, conversation/correspondence with critical friend(s), and reading related literature.

I specifically wanted to know how junior doctors *felt*, and therefore deemed that this could only accurately and realistically be achieved through the use of a human interviewer. Kvale discusses twelve modes of understanding interview data (Kvale 1996), but put more succinctly, the use of an interviewer will enable researchers to record and respond more deeply to complex issues, to be empathetic, to have a greater chance of seeing 'the bigger picture', and to interpret and 'interact' with the language used to encompass 'feeling'. People will symbolize their experience through language, and as Seidman states 'Interviewing provides access to the context of people's behaviour and thereby provides a way for researchers to understand the meaning of that behaviour' (Siedman, 1991, p3.).

For me, this is a case study of how doctors learn their *professional judgement*. It also highlights for me the hugely important role that the senior figure, the critical friend, plays in 'illustrating' that judgement to the next generation. It is not a one-way 'transmission' of expertise, it is much more akin to what Carr calls 'critical reconstruction' – i.e. information is 'not mechanically or passively reproduced' but 'constantly being reinterpreted and revised through dialogue and discussion' (Carr, 1995, p69). Furthermore, by utilising this case study as a form of 'insider practitioner research', it has allowed me to see my own practice in a new light by revealing to me how I learned the skills for myself. As Wilson quotes in his biography of Sir James Mackenzie who was frustrated at his 'inability to learn' from his own mentor, this is of paramount importance; 'Unhappily Dr. Briggs was quite unable to impart or hand on his secret. He didn't know how he knew. His experience was entirely personal to himself' (Wilson (1926) cited in Calman 2007). By revealing to myself how I learned, it has enabled me to realise what an important aspect of learning this is, and has consequently allowed me to change my own educational practice. Rather than reciting lists, I now focus on explaining *why* I made the decisions I did, and actively encourage juniors through questioning, to deliberate on their own decision making process.

There are, of course, advantages and disadvantages to interviewing and case study as a form of research, and I would like to elaborate on these further. Research is used to refer to any 'systematic, critical and self-critical enquiry which aims to contribute to the advancement of knowledge' (Stenhouse, 1975, p156, cited in Pring 2000), and although interviewing is (as all good research should be), both labour intensive and time consuming, when completed diligently will yield meaningful results. Although the nature of knowledge gained through interview will vary, we can begin to approach the inner meaning that people will ascribe to their actions in ways that randomised control trials and other more positivist approaches will struggle to realise.

As Oglive's writings over sixty years ago have demonstrated, this is not *new knowledge* that this case study is claiming to have generated, but it has given me a new and greater *understanding* of the framework and principles involved in how junior doctors learn. It also fulfils Golby and Parrott's

criteria for what constitutes educational research; it is about education, it is of practical educational benefit and as shown, is intelligible and educational to both researcher and researched (Golby and Parrott, 1999, p60). Furthermore, as previously documented, case study has the potential to relate theory and practice, diminishing the 'unreal dualism' that has been created between the two (Pring, 2000, p129).

The criticism most readily raised in this type of case study is that it cannot be generalised beyond itself, that this case is unique, and therefore cannot be applied to other situations. I agree, case study is NOT about generalising to the point of being able to predict what will happen every time in a given situation, that is not its purpose. Where we can generalise however is with the *underlying principle* and then *utilise* this when dealing with similar situations. Case study is about particularity, not uniqueness, and at the very least, 'through intelligibility we can connect this case with others of its kind.'

Subjectivity is an equally significant concern levied on case study. How can an observer, who is often intimately linked with that being investigated, remain impartial and objective? Stenhouse however would argue that the problem of objectivity would be a 'false one'. Although he is discussing classroom teaching, I believe his point to be equally valid within this context:

Any research into classrooms must aim to improve teaching. Thus any research must be applied by teachers... There is no escaping the fact that it is the teachers! subjective perception which is crucial for practice since he is in a position to control the classroom. Accordingly we are concerned with the development of a sensitive and self-critical subjective perspective and not with an aspiration towards an unobtainable objectivity.

(Stenhouse, 1975, p157)

I would argue that in many ways subjectivity within this context is in fact essential, and therefore should be acknowledged and embraced. The teacher is merely attempting to understand better his own classroom with the aim of improving practice, and case study can give a powerful insight into that process.

## Conclusions

'...not everything is about books and literature and what is written, it is more about experience'. A comment made during an interview based case study that I believe reflects the deeper meaning and framework of a persons 'individual reality', and a *sentiment* that would not otherwise have been registered using other forms of educational research.

I opened this essay with the statement that case study offered an alternative, non-positivist approach to educational research. I believe that this case has produced revealing data, and has highlighted several important principles of professional education and development that are easily neglected, and may not be receiving the attention they 'deserve' in the current curriculum. In addition, it should not be overlooked that in raising these issues, it has also 'enlightened' both the interviewer and interviewee regarding aspects of their own practice, arguably resulting in improved practice for both.

158 The data we produced should always be compared with other works of a similar nature to 'test their  
159 validity', but is preferable to other forms of research data acquired from within the scientific  
160 paradigm in relating theory and the reality of practice, which must surely be the ultimate aim of any  
161 educational enquiry. Case study, insider practitioner research and interviewing, can therefore only  
162 enhance our understanding of education, educational practice, and educational enquiry in general.

## Mysteri Assignment 1

### The Game

It was a cold morning in October and I was two months into my new job as Specialist Registrar in Psychiatry. A significant feature of my post was teaching responsibilities contributing to the training of third year medical students from Southampton University. My consultant had already briefed me on the content of the teaching sessions and I was reading the material, from the student handbook, in preparation to teach about schizophrenia. However, to my surprise that morning, my consultant called me over and said: 'Come with me. I am going to teach and *you* are going to watch - you can do it next time'. Entering the room next door we greeted six medical students. The students were at the beginning of their psychiatry attachment and this was to be the first of five teaching sessions. Following introductions my consultant began with 'first let's play a game'. Uncertain as to what to expect I sat there perplexed. The 'game' in this instance was called the 'hearing voices' exercise. This involved the students dividing into two groups of three. Each student would take turns. One was to act the role of a person with schizophrenia, the other being the doctor interviewing the person, and the third one being the 'voice'. The 'voice' entailed the student shouting things into the ear of the 'patient' whilst the 'doctor' was interviewing them. This process was played out for 5-10 minutes. The students were then asked to describe their experiences.

My immediate impression about this education session was that of disappointment. I felt that playing a game was an inappropriate use of teaching time. This was unconventional and I believed that the students had been deprived of an informative learning experience. I felt uncomfortable about this. Feeling 'uncomfortable' was not too far from past experiences of my medical student days. However the current situation was a different kind of discomfort. This teaching experience was unorthodox - but then others have always perceived me as an unorthodox type of person so why should it be a problem?

I now realise that the unease I felt was based on my assumption that a key element of teaching was for the teacher to impart knowledge about a particular subject. Indeed the first entry on the student handbook stated the aim to provide an '...experience of learning about/from people with severe and enduring mental illness whilst developing your clinical knowledge and skills'. I pondered to myself 'where is the knowledge here and educational value - this isn't teaching'.

Following the teaching session I passed the students in the corridor. They were giggling and chatting with each other. It made me think how much I missed my student days; when I was joyful, innocent, and carefree - like a child. Children play games. Perhaps it *is* appropriate to teach with a 'game' to this group? I then realised how, in my initial analysis of the event, I omitted the reaction of the students during 'The Game'. They were *enjoying* themselves. Glancing back at the handbook I re-read the opening paragraph:

*'We hope to give you a positive, interesting and enjoyable experience of learning about/from people with severe and enduring mental illness whilst developing your clinical knowledge and skills'.*

In my initial reading of the sentence I had scanned over and ignored the words 'positive', 'interesting' and 'enjoyable' in the same way I had missed the students' reactions. Their response suggested a feeling of enlightenment. Yes they were experiencing for themselves the concept of

40 'hearing voices' and gaining a practical knowledge of what it like to have schizophrenia. On further  
41 reflection I realised that beginning the session with a simple and enjoyable exercise provided an  
42 opportunity for those students, who lacked confidence or motivation to learn a subject such as  
43 psychiatry, to participate wholly. The 'fun' component of the teaching was now in contrast to my  
44 "uncomfortable" memories of student education.

45 On reflection of this incident I have discovered a method of teaching that is challenging my  
46 underlying beliefs and assumptions on what constitutes education. Prior to the incident my  
47 underlying assumptions were summed up by the notion that teaching was about being about  
48 'transmitting what the teacher knows, which the learner simply receives and caches in the memory'  
49 (De Cossart and Fish, 2005, p.57). In correlation with the incident above the authors argue further  
50 that 'learners must make sense for themselves of learning situations and learning opportunities' and  
51 that for successful teaching the 'emphasis is on the activities, language and meaning-making of the  
52 learner' (De Cossart and Fish, 2005, p.57).

53 Furthermore, as I am reflecting and writing about this incident, not only is my view of education  
54 changing but my view of myself is also changing. I described the teaching style I had observed as  
55 'unconventional' and 'unorthodox'. Reflecting on these words: they are terms that others have  
56 described *me* in the past. During the incident I felt I was wrestling with the internal struggle  
57 between a traditional didactic style of teaching and 'The Game'. I felt pulled in two opposing  
58 directions. Does this reflect the constant battle I have inside - a desire to be, or be perceived, as  
59 conformist and conventional? Is what I am learning from the incident changing me as a person?  
60 According to Pring (2005) 'learning is essential to becoming a person'.

61 By reflecting critically, on the effects of reflecting on the incident, there are even wider implications -  
62 particularly on my views of educational enquiry. 'Telling stories is essentially a meaning-making  
63 process' (Seidman 1991, p.1). 'Telling the story' in this case provided me with the opportunity to  
64 explore through a process of reflective, critical enquiry, and throw light on features essential to  
65 educational research. In educational enquiry the critical incident approach is 'critical' by means of  
66 their analysis, interpretation and appreciation (De Cossart and Fish, 2005, p.86). As Pring (2000,  
67 p.497) states 'there can be different forms of enquiry, different ways of being systematic, different  
68 modes of criticism depending on the nature of research questions and of the subject matter being  
69 examined'. This implies that the mode of enquiry depends on the nature and characteristics of  
70 educational practice being examined.

71 Golby and Parrott (1999) argue that case study based approaches to enquiry are appropriate where  
72 it is not clear what are the right questions and that educational problems are uncertain in that it is  
73 not clear what the question is and therefore not clear on how to solve it. They further state that  
74 'the case study transforms research in education into truly educational research by engaging the  
75 practitioner into practical enquiries resourced by appropriate theory and leading to better  
76 understanding and improvements in practice' (Golby and Parrott, 1999, p.69). Therefore education  
77 practice and theory can develop reflexively together. I am doing more than 'telling my story'.  
78 According to Fish and Coles (2005, p.204) I am 'simultaneously telling it and investigating it'.  
79 Writing the story has allowed me to reflect and critically analyse my educational practice in a way I  
80 would never have done otherwise; or not have done at all. I had always believed that my  
81 educational practice was informed more by my own personal knowledge than by articulating my



own 'experience'. By focussing on a specific aspect of my educational experience I have shown that I can start to unravel the core assumptions and ideas that relate to wider issues in my life. My life is an 'education'. Is education a practice? Reflecting on the incident I felt the need to change my practice of teaching. I am learning to teach with a 'focus on the learner and considering the context of the learner' (De Cossart and Fish, 2005, p.56).

Having reflected on my thoughts, which evolved from reflection of the incident, I will now examine the nature and status of my evidence. My preconceptions and internal conflicts about what is good education (although as Pring (2005) points out disagreement about what constitutes good education is inevitable) had affected my *memory* of the incident. Only later did I remember the positive reaction of the students. As Tripp (1993) remarks: 'historical critical incidents are a problem [...] distortion of memory, reconstruction and analysis'. I have illustrated how my memory of the event has changed. Is this a recurring theme in my experience of education? Does my ingrained and didactic view of teaching dictate what I recall? Does this mean my whole recollection of the incident is invalid?

How can the validity and reliability and rigour of educational enquiry based on a critical incident be provided? Even scientific evidence could be argued to be context dependant, unverifiable, and 'contaminated' by the presence of the a 'researcher'. In critical incident approaches objectivity may be perceived as a problem. On the other hand it is my *subjective perception* that feeds into the practice. This leads me to question the basis of the nature and status of evidence sought in the traditional scientific way. I can add value to the status of my experiences (evidence) by contacting others to verify the details. Equally does the accuracy of the incident matter. Humans can make meaning of experiences by endlessly telling and retelling stories about themselves. The story can be factual or a work of fiction. Factuality reflects my point of view, not actual reality. Revisiting the evidence reflects the development of my social and personal identity putting *meaning* to the experience. Retelling of my story reflects how I interpret and reinterpret it rather than how it was.

I argue that subjective meaning and subjective consciousness is as real as any other method of enquiry. The meaning I have given to this experience is not 'fixed' and I have shown that, even over a short period of time, the meaning has changed. So why should the reality of a situation matter? The opening incident is a personalised narrative account of an event in my life and was written by myself. Surely this makes it an incontrovertible source of data representing my existential reality. There is wealth of 'data' in this evidence that can be selected continuously over time and be changeable according to my needs. Ultimately I am the data. We can treat autobiographies as the data themselves by 'exploring the concepts, values, beliefs and assumptions embedded...' (Fish and Coles, 1998, p.220).

Ultimately it is the *question* that dictates the nature and status of my autobiographical evidence. The adequacy of a research method depends on the purpose of the research and the questions being asked. According to Golby and Parrott (1999, p.71) 'methods should be dictated by the need to understand, not selected on doctrinal grounds'. There are different ways of going about enquiry that can be via people's experience. I believe my experience remains valid as a source of evidence because it serves a purpose to seek new understanding rather than replicable proofs. A new understanding is the outcome in education. Education relates to the "whole person" and a scientific approach cannot grasp this. Furthermore education transforms the whole person: 'to be educated

124 is to be transformed in no partial, minor or trivial way (Peters, 1966, cited in Golby and Parrott,  
125 1999, p.14).

126 On writing this piece my thoughts returned to other critical incidents from my past. A contemporary  
127 account as above would undoubtedly have considerable history. It is difficult to understand how  
128 past experiences influence my decision to present this critical incident. In this respect it is not  
129 possible to attend to the whole of my experience. Nevertheless I have been able to explore my own  
130 assumptions on education, educational practice and researching my practice. I can analyse and  
131 further explore personal and professional implications. More significantly I am now in a position of  
132 setting up learning situations that can also introduce students to the reflective process.

## Mysteri Assignment 2

### Using Service Users in Education

Involving service users, in the training and education of medical students in psychiatry, has been an illuminating experience for me over the past six months. Those who have a mental illness can bring to the learning environment unique insights and 'first person' accounts that are usually outside the capacity of academic staff (Bassman, 2000). They enable students to recognise the degree of recovery that is possible and dispel negative perceptions of people with mental illness. Moreover it improves the service user's own self-esteem and sense of empowerment (Gyulay, Mound and Flanagan, 1994; Hanson and Mitchell, 2001).

Several service users, chosen from my clinical caseload, participate in teaching sessions organised for third year students during six-week placements. The service user is rewarded for their time and effort in the education sessions with a standard payment. I have been impressed by the quality of the teaching they provide and this has been reflected in the positive feedback I have received from the students.

I am nevertheless striving to continually improve the medical student education in psychiatry. To this end I have taken an interest in the perspectives of the service user regarding their involvement and effect on the educational sessions. In the present enquiry I will explore this by conducting a small-scale case study using an interview method to gather the data

Reflecting on the data collection process I argue that the data gathered would not be the same as data gathered on another occasion with different conditions. This relates to almost endless possible variables surrounding the design and context of the interview. On this occasion I had approached the service user by telephone and we agreed a time to conduct the interview. According to Pring (2005) research requires negotiating access and negotiating over procedures. As Pring (2005, p.151) goes on to say: I am 'negotiating the conditions for the pursuit of knowledge'.

Perhaps the process of negotiating depends on the power of the 'negotiators'. Indeed one aspect of my data gathering process suggests that I wanted to empower the service user. I conducted the interview at the service user's home. Why did I make this decision? Perhaps I felt guilty about him 'helping' me (I did not offer any payment that he had previously received for the educational sessions).

My relationship to the service user is a fundamental factor in the design of this study. I am his treating psychiatrist so I knew him well. My familiarity may have facilitated the establishment of rapport but are there more complex considerations regarding the roles and relationship between the researcher and the researched? If the service user desired not to offend me then my presence may have affected his freedom to express his ideas thereby influencing my data. I referred to *my* data but who has ownership of the data and therefore who ought to analyse the data? This reflects the power struggle I experienced during the data gathering process.

The data were collected through an open interview. The interview was transcribed verbatim (see appendix A) but not audio or video-taped. However I argue that, rather than a transcript being taken from an actual recording of the incident, a written account (with its potential inaccuracies) provides a far more useful account in my reconstruction of the experience. This can reveal more

about my thoughts. I wanted to avoid the problem of transcription becoming solely a record of data rather than a record of a social encounter. There is the risk of omitting data – but the missing data are omitted because it does not link with what I bring to my data.

As well as missing linguistic variations recording the interview with a tape recorder would have the advantage of allowing me to attend more to the direction of the interview. However I decided that my questions would be led by the direction of the interview. I felt that a fixed schedule would irritate the service user. Am I attempting to change the locus of power of the interview to the advantage of the service user? In previous encounters with him I had conducted a therapeutic interview in which I was in control. On this occasion why did I wish to put him in a greater position of power? It could be because I found myself in a situation in which I was requesting *his* help without providing any reward.

Clearly the relationship between the service user and me was an integral part of the data gathering process in terms of which aspects of consciousness we bring to the process. Equally I can reflect on the process of analysis and findings of my data (I will reflect on the analysis and findings together because these are entwined).

The process of recording my experience of the interview as data has helped me to think about the interview as data. Golby and Parrott (1999, p.84) argue that 'data are not evidence until they have been interpreted'. Even an apparently simple interview requires interpretation. I analysed the interview transcript by reading and re-reading the transcript. This helped me to acquire an overall sense of content and meaning and to seek to discern the underlying structure in my data. As Bassey (1999, p.84) comments with any amount of data I need to 'produce a meaningful and trustworthy conclusion'. The difficulty I experienced during data analysis was the diversity of potential conclusions.

Golby and Parrott state (1999, p.72): 'there are as many cases as there are nouns in the language'. The potential cases in the interview are outlined in appendix B. I selected the case of 'Giving of Self' – the service user gave the sense that he felt that his contribution was not valued and that he was 'giving' himself to the students. I believe that not only did this selected 'case' relate to my personal values, and beliefs, but it also developed during my reflection of the data gathering process. So is the data biased? I argue that it enriches the interpretation of the data.

The data has been interpreted through my own personal scheme of things. My selection of the case was driven by my interests and embedded in the roots of my personal theory, assumptions, beliefs and expectations. However, at another level, I felt I was negotiating answers with the respondent in the same way I was previously 'negotiating access'. According to Pring (2005, p.41) 'the distance between the researcher and researched is narrow such that the resulting study is more a negotiation than a discovery of what is the case'

Writing and reflecting on this case study in this way has also affected my professional educational practice. According to Pring (2005, p.32) an educational practice is where individuals 'make sense (starting from their individual perspectives) of experience...'. Golby and Parrott (1999, p.6) elaborate on this by stating '... when we set out to learn one thing, say how to sail a dinghy, we find our interest wanes or is actually something else...'. This illustrates the complexities of learning and teaching that I have experienced throughout this 'journey'. I argue that most significant learning

comes about incidentally to our intentions so an objectives approach is not the best way to improve practice.

Moreover I am learning my educational practice by engaging in it thoughtfully and critically. I have shown the process of selecting constitutive details of the experience, reflecting on them, giving them order, and thereby making sense of them. My future practice (clinical as well as educational) will be more informed by my own personal practical knowledge but it is this personal knowledge that is difficult to articulate. My practice will mirror this case study in which I have attempted to understand people's experiences and the meaning they make of it or as Pring (2005, p.39) describes: 'seek understanding of particular events through the eyes of the participants'.

Furthermore I feel that I have given a large proportion of myself, and my consciousness, to the writing up of this case. This appears to reflect what I had asked of the service user in the case study. In this way I am changing a part of myself, and my values – learning to appreciate others more. According to Pring (2005) 'learning is essential to becoming a person'.

Through reflecting critically, on the effects of reflecting on this, not only am I changing as a person but my view of the nature of educational enquiry is changing. As I am writing and reflecting (as Bassey (1999, p.11) states 'writing is a wonderful stimulus to thought'), I have provided myself with the opportunity to explore through a process of reflective, critical enquiry, and throw light on features essential to educational research. Pring (2000, p.497) states 'there can be different forms of enquiry, different ways of being systematic, different modes of criticism depending on the nature of research questions and of the subject matter being examined'. This implies that the mode of enquiry depends on the nature and characteristics of educational practice being examined.

It must be made clear that case study is an *approach* to research not a method. Golby and Parrott (1999, p.71) comment that 'methods should be dictated by the need to understand, not selected on doctrinal grounds' which implies that artistic methods are appropriate in this approach. They further state that 'the case study transforms research in education into truly educational research by engaging the practitioner into practical enquiries resourced by appropriate theory and leading to better understanding and improvements in practice' (Golby and Parrott, 1999, p.69). The strength of case study is having the potential to 'relate theory and practice' (Golby and Parrott 1999, p.69) so that education practice and theory can develop reflexively together.

I realise that case study does not follow rigid routines. As my background is in research traditions that are routed in the positivistic paradigm, I question the validity, reliability, and rigour of my present work. How can these be provided in case study? Bassey (1999) suggests that the alternative to external validity is trustworthiness in the process. Or is it a mistake to assess these factors against positivist criteria such as objectivity? Fish and Coles (1998) argue that the rigour of the work is discovered by the writer and found by the reader. It is in the disciplines of collecting my thoughts, ordering my understanding, and presenting my case. In other words issues of bias and generalisation are safeguarded if the possibility of bias is acknowledged, matters of generalisation are handled, and our subjectivity is recognised in its part in the construction of knowledge. As Golby and Parrott (1999, p.51) comment: 'whatever truths and realities existed before the enquiry will in some degree be altered by the process of enquiry itself - they have no objective existence needing verification'.

122 A popular opposition to case study is that it relates to uniqueness and therefore cannot be  
123 generalised. Pring (2005, p.42) states: 'the value of the study of the singular should not blind us to  
124 those features of the study which limit singularity'. Case study is valuable as a form of educational  
125 enquiry because it relates to particularity and not uniqueness (Golby and Parrott, 1999, p.74).  
126 Therefore it should relate it to a wider context because we can see it as an example of a general  
127 case. Golby and Parrot (1999, p.86) further argue that generalisability should relate to ideas not  
128 quantitatively to laws. Clearly philosophical standpoints need to be explored.

129 My argument is that case study has its place and value in educational enquiry as long as it is not  
130 defined by the criteria of uniqueness, objectivity, and generalisability associated with the positivistic  
131 paradigm. Rather than minimise observer effect we should better take it into fuller account.  
132 Ultimately the strength of case study is to allow practical problems to be investigated 'in ways which  
133 might allow us to reconceptualise the problem, understand more fully its wider significance' (Golby  
134 and Parrott, 1999, p.78).

135 In writing this I have learnt that my values, beliefs and experiences and assumptions embedded in  
136 my practice, and my life history, contribute to the eventual conclusions in case study. In this way the  
137 case study approach allows educational research to be made more productive for educational  
138 practice. It is difficult to disconnect research from practice. Therefore, as Golby and Parrott (1999,  
139 p.79) argue 'case study is synonymous with professional activity'. Professional activity is a  
140 continuous process. Indeed Golby and Parrott (1999, p.71) conclude that 'premature closure is  
141 inimical to good case study'. Hence it will be long remembered and revisited. I will continue to  
142 unravel this case study.

### **Mike Assignments**

Mike's assignments were unfortunately not available in electronic form.

## Charlotte Assignment 1

### 1 An incident in my educational biography.

2 Approximately nine years ago I had completed the first part of my 'core' anaesthetic training and  
3 recently passed the primary FRCA exam. I was keenly looking onwards and upwards and in my quest  
4 for specialist training I needed to complete an audit project. On discussion with my consultant in  
5 theatre one day, we identified an area of clinical practice which warranted review. I volunteered to  
6 carry out an audit of this practice with his supervision. This involved liaising with other departments  
7 within the hospital, designing and carrying out the project including analysing and presenting the  
8 results to my department and the clinical governance forum within the hospital.

### 9 Reflection on this experience.

10 This was a positive educational experience which continues to inspire me nine years later. I have  
11 searched to answer why it was so inspiring and realise it was not due to the clinical outcome or  
12 details of the process. In fact, I cannot recall the actual discussion I had with my consultant but I am  
13 sure it happened from my memory of events.

14 I was introduced to the concept of reflective practice and this has had a permanent and important  
15 influence on my practice. De Cossart and Fish (2005, p.75) describe reflective practice as a special  
16 kind of practice, which involves systematic critical enquiry into one's professional work and one's  
17 relationship with it. They say 'to practise is to 'act within a tradition', but also to critique it and  
18 contribute to its evolution'. I achieved this largely through self-directed learning but with the  
19 comfort of appropriate supervision which was readily available and unobtrusive. I felt empowered  
20 and motivated by being given the 'driving seat' and I felt ownership. This gave me great pride in my  
21 work and I enjoyed making decisions and having my opinion valued. The feedback I received from  
22 colleagues to whom I presented my work inspired my confidence in expressing my opinion and  
23 reassurance in my abilities.

### 24 Reflections on my present view of education.

25 So what is it to be educated? According to Peters (1966) in Golby and Parrott (1999, p.14) it is to be  
26 transformed in no partial, minor or trivial way.

27 Pring (2004, p.13) characterises education by five activities and these are (1) learning, which is, (2)  
28 worthwhile, (3) contributes to development as a person, (4) the process by which learning is  
29 achieved and (5) teaching. I think this provides a broad framework within which education can be  
30 considered and the specific detail of each characteristic is contestable depending on the context in  
31 which it is considered.

32 Education occurs within society which is shaped by tradition. I am subject to traditions which I have  
33 absorbed through experience and the society within which I live. These have shaped my own values,  
34 beliefs and attitudes which contribute to the compilation of my 'story' as defined by Macintyre  
35 (1985, p.216), 'man is in his actions and practice, as well as in his fictions, essentially a story-telling  
36 animal'. Evidence for my beliefs is personal and largely inaccessible to others unless they have lived  
37 through my experiences and the context in which they occurred. De Cossart and Fish state  
38 'reflection is about seeking to uncover rigorously and understand and articulate the relationship



between one's visions, values and beliefs, and one's thought, knowledge and action, in reference to specific examples of one's own practice'.

I believe education is a conscious activity because it involves understanding new concepts which help me make sense of the world as I see it. Dewey (1916) in Pring (2004, p.12), states that it is what distinguishes human beings by their capacity to adapt to new situations and surroundings by conceptualising problems and possible solutions.

I agree with Pring that it is hard to define education because there are so many schools of thought and my view is based on my experiences and beliefs. The usage of the word education implies the complex logical interconnections entailed by its use in different contexts. I feel this experience led to my personal growth, but to understand how, I must consider the characteristics that 'make' a person. I believe this requires asking the question 'Who am I?' This is a deeply philosophical question and to unravel the experiences and traditions which shape my beliefs, values and attitudes which compile my 'story' and thus my identity and be able to articulate them is virtually impossible. Their contribution to the feelings and emotions that I experience and express may help me decide what 'feels right or wrong' based on my unarticulated but considered values and beliefs.

Pring (2004, p.19) suggests important personal characteristics are: knowledge and understanding, intellectual virtues, imagination, intellectual skills, self- reflection, moral virtues and habits, social and political involvement, integrity and authenticity. It is an amalgamation of these characteristics which form my identity which 'outlines the horizon within which I can take a stance' according to Taylor (1989) in Pring (2004, p.21). My identity is unique to me based on my 'story'. I think it is important to 'get to know' my pupils because without consideration of their identity, and consequently stance, I will not understand the context within which they are learning. This may jeopardise the educational experience.

## **Reflection on educational enquiry.**

On reflection, I realise how my education, particularly over the last two decades, has been of a very positivist nature. For example, the strong emphasis on evidence based practice and the concept of 'pushing back the boundaries of knowledge'. The project I carried out is a prime example of this. The methodological assumptions of the positivist paradigm are to discover simple causal relationships and provide explanations and to provide quantifiable evidence which reveals some aspect of reality (Golby and Parrott, 1999, p. 46).

This enquiry has made me aware of the more vulnerable aspects of learning which have potential to upset the status quo. It may be safer to stay within the comfort zone of some perception of 'reality' without exploring further questions and risk 'upsetting the apple cart'. On presenting my project to colleagues at work, rather than embracing the opportunity to improve practice I felt I had rattled the system which felt uncomfortable.

Life brings new experiences which I need to make sense of through deliberation of the inevitable questions that arise. Pring (2004, p.13) suggests it is like a forked road situation with 'no end to the expanding, growing way of understanding, adjusting and questioning in the light of experience, enquiry and criticism'.

At the time, my motivation was to carry out an audit project and I was actively searching for this educational experience. I don't believe this is always so consciously apparent, although in general, learning is facilitated by being ready to learn. I can only suppose of the motivations of my teacher based on his experience and professional position and these would have influenced the support and direction he gave me.

This enquiry has given me the opportunity to reflect on what it means to teach. According to Pring (2004, p.23),

'Teaching is the conscious effort to bridge the gap between the state of mind of the learner and the subject matter which is to be learnt, and as such the teachers' expertise lies in understanding both'.

This 'gap' may vary in size and passage across will require careful negotiation depending on 'obstacles' encountered en route. I think gaining some understanding of the context of the learner plus maintaining creativity and flexibility within teaching will help to facilitate this passage. As illustrated by Fish and Coles (1998), the 'doing' and 'experience' of education rests upon a much larger base encompassing knowledge, feelings, expectations, assumptions, attitudes, beliefs and values.

### **Reflections on effect on my own educational practice.**

Much of my educational practice takes place within the operating theatre and as Golby and Parrott (1999, p9) state 'a tradition of conduct itself is of course made up of contemporary practitioners who are in turn related to predecessors who have bequeathed their practice'. It is a form of apprenticeship.

Carr (1995, p.33) proposes that 'educational [...] practice is a consciously performed intentional activity that can only be understood by reference to the framework of thought in terms of which its practitioners make sense of what they are doing and what it is they are trying to achieve.'

I followed the tradition of audit and I investigated an area of practice according to current technical and moral understanding. Golby and Parrott (1999, p.9) suggest 'a practice is more than the aggregation of skilled performances of the individual practitioners. It is a living tradition which evolves over time'.

I am aware that teaching practices have changed significantly since I was at school and university and I believe that my early educational experiences laid the foundations on which I base some of my attitudes to education. These have developed with further experience. As educational practices change, I realise the importance for me to keep pace and modernise my views otherwise I risk not understanding the context of those I teach.

Throughout my medical school and postgraduate education there has been little emphasis on teaching practice despite the requirement for doctors to teach being clearly stated in the Hippocratic Oath and 'Duties of a Doctor' by the GMC. My teaching practice has developed primarily through trial and error and amalgamating positive and negative educational experiences based on the traditions of others.

115 I was inspired and motivated by the process of self-directed learning. This is outlined in the Socratic  
116 approach to enquiry (Fisher, 1998) which suggests the 'essential skill of the teacher is to give  
117 responsibility to the student, to give no answers, but to set the interplay of question and answer'. In  
118 my search for answers, I needed to piece together the linked ideas in building concepts and I believe  
119 this process helped in my understanding of the concepts.

120 **Reflection on nature and status of evidence.**

121 The event I have described occurred in the past; therefore, my recall of events is based on my  
122 memory. It is my personal memory of events which is subjective and unverifiable. It is also prone to  
123 distortion with time and there will be aspects that I have forgotten. According to Oliver Wendell  
124 Holmes in Fisher (1998), 'the mind, once stretched by a new idea, never goes back to its original  
125 dimensions'. I have reflected on this experience many times and each time I see it in the context of  
126 new experience or new meaning and this will change my view of it. This is a dynamic process and  
127 therefore my memory of it changes with time.

128 Rather than recall of the precise events, which I have acknowledged is poor, it is the recall of the  
129 meaning this event brought to me which is central to this enquiry. This is highly personal and  
130 subjective and may not bring meaning to others. In fact, colleagues often refer to audit in a  
131 somewhat less enthusiastic fashion! I believe I may have impressed this meaning on it to some  
132 extent because this was the purpose of the educational experience I was actively searching. This  
133 assignment has increased my awareness of the holistic nature of practice and the event I describe is  
134 an example of asking the 'why' of practice.

135 I have searched to bring some more objective evidence for the meaning of this enquiry by using  
136 other peoples' concepts from the literature. But I propose that this evidence is also subject to a  
137 degree of subjectivity and influenced by the context in which the authors have taken their stance.

138 Although the meaning is highly personal and contextualised it is educational because it has brought  
139 meaning to me, I have found it worthwhile and I have grown as a person.

140 I have used discussion with other people as evidence and this is influenced by the values and beliefs  
141 of the people with whom I have had discussion. The meaning I derived from these discussions is  
142 based on my personal beliefs and purpose. The arguments and opinions expressed by those with  
143 whom I have had discussions are subjective and unverifiable.

144 I have talked a lot of tradition which is both historical and evolving evidence based on the passing on  
145 of stories through generations of schools of thought.

## Charlotte Assignment 2

“Use your instrument like a paintbrush” were the words the supervising surgeon used last week to advise his experienced trainee of the next manoeuvre. This analogy sounded surprising in the sterile environment of the operating theatre where the performance of this highly technical procedure was taking place surrounded by ‘high-tech’ gadgets, all developed on the basis of scientific principles. As the anaesthetist, I was observing this interaction from the head-end of the table and I felt inspired to study this analogy and its potential inferences further. I was interested in the connection made between art and practice and the inability of the surgeon to explain in more precise, technical terms how the trainee should proceed. I have found aspects of my practice hard to describe at times and I wanted to investigate this.

### Case Study

My data are my observations on the use of the words ‘use your instrument like a paintbrush’ and my subjective reflections on this. I have reflected on the potential meanings which may be derived from this statement, the context within which this occurred and the possible consequences of such a statement. I have included an in-depth description of my data in appendix 1. I have found the process of gathering this data educational because I found the process of reflecting inevitably led to further reflections and opened up alternative lines of enquiry such that it was an evolving process. As an observer, my interpretation of this incident will be different from that of the surgeons. The context, experience and backgrounds of the surgeons are different such that their interpretation of meanings will also be different. It would be fascinating to collect more data from the surgeons involved and through the process of triangulation broaden the perspective of this statement. I inevitably bring to this process of reflection my own ingrained values and beliefs and therefore it is the process of critical reflection and analysis which is most valuable in defining concepts and meaning.

Analysis of my data has identified some key concepts which I will explore in more depth. As Golby and Parrott (1999, p.84) state ‘data are not evidence until they have been interpreted as such’. I have used the literature to link my ideas and make connections with the experiences of others.

At first I understood this to be a ‘practical’ instruction but paintbrushes come in many different sizes and create a multitude of effects such that this statement is open to a variety of interpretations. According to the key points in making sense of professional judgement as described by Fish and Coles (1998, p.280) my initial intuitive judgement was unreflective and moving through a continuum of levels of reflection in professional judgement leading to deliberative judgement I am led to reflect on this incident more holistically using practical reasoning and practical wisdom.

The analogy with painting links this incident with the concept of the art of medicine. This incident occurred in an environment heavily embedded in the scientific paradigm such that this connection clearly stood out for me. The art of medicine has been appreciated from the first descriptions of medicine and is acknowledged in the Hippocratic Oath. Further analysis led me to consider two categories of professional practice as proposed by Fish and Coles (1998, p.31); the technical rational (TR) view of practice and the professional artistry (PA) view of practice. The TR view considers professional activities as essentially skills which can be mastered. The PA view 'sees behaving professionally as being concerned with both means and ends'. The professional artistry view acknowledges the complexities of practice and includes professional judgement, intuition and common-sense, all of which are less quantifiable.

I felt the supervising surgeon showed great restraint and patience by allowing his trainee to continue. Many surgeons would have taken over sooner. On this occasion, the choice of words did not provide the answer, however they gave the trainee the opportunity to consider alternative strategies to help solve a difficult problem. Surely this is the aim of training – to equip the trainee with principles and understanding of his professional judgements in order to handle difficult challenges in the future. The trainee may have been disappointed by the lack of technical instruction and he may have assumed his senior to have all the answers. I was both reassured and interested that he did not have the answer and, on further analysis, I appreciate that aspects of my professional judgement are unconscious and inaccessible to me, but through the process of critical reflection I am able to gain greater insight into them.

My findings, through the process of analysis have led me to consider the wider political view of practice and, in particular, competency-based training. I think the TR view prevails with little appreciation for professional judgement and the complexities of practice. Competency-based training has offered more structure to training and may be useful in providing some evidence that training took place, but I believe the educational value is not fully addressed. It is not until I have gone through this process of reflection and analysis that I understand fully the question I was asking in the first place. That is, through appreciating the professional artistry view of practice I have gained insight into the nature and complexity of professional judgement in my practice. This case is a case of the difference between training, which encompasses skills to be mastered, and education which I believe encompasses the concept of the extended professional, as described by Stenhouse (1975, p.143), and I will discuss later.

The effect this has had on my professional practice is that I have a much deeper understanding and insight into the complexities of my practice, in particular the tacit nature of professional judgement.

I feel I have been enlightened into this view of practice such that I am better equipped to develop my educational practice. I must unravel my personal beliefs, values and theory that I bring to my practice and take time to consider the traditions which form the framework in which I practice in order to understand how and why they influence my professional judgement. Through developing my own practice in this way I hope that I can pass on some of these methods of critical reflection and deliberation to my colleagues and those that I teach. In this way I hope also to contribute to the development of the profession.

### **Educational enquiry**

I will now consider the nature of educational enquiry more generally. According to Golby and Parrott (1999, p.27) 'all research or enquiry can be described as an attempt to make sense of some aspect of the world, to explain or understand some part of reality.' The MA programme (Student handbook, appendix 8), which this assignment is part of, believes that educational research will be situated, holistic, eclectic and principled. I believe that educational enquiry must be *about* education and *for* education.

Fish (1998, pp.128-9) divides educational enquiry into two broad paradigms – positivistic and humanistic. Different research paradigms address different aspirations of educational research and employ different methodology. Positivistic scientific research is aimed at testing hypotheses and the search for truth and new knowledge. However, as suggested by Fish and Coles (1998) the difficulty lies in determining how this improves practice. Schon, in Fish (1998, p.116), suggests that professionals work within the traditions of their profession and follow the rules of enquiry into that kind of practical problem. I believe that the medical profession on the whole subscribes to the positivistic paradigm and this was evident by recent reference in the BMJ (2008, Jan 12<sup>th</sup>, p.74-6) to the research agenda for the *science* of quality and safety in healthcare. Positivistic scientific research is often seen as the 'gold-standard' and attracts large sums of money. Furthering knowledge in this way may be likened to the growth and branching of multiple twigs on a tree - ever increasing in number and with additional branching becoming increasingly fragile and remote from the trunk of understanding. Interest in *why* the tree is growing rather than *how* it is growing will help secure its roots and I believe this resembles the principles of the humanistic research paradigm.

The humanistic research paradigm includes illuminative and practitioner research (Fish, 1998, pp. 128-9) and in addition to using analysis in their method, these research paradigms also include interpretation, reflection, appreciation plus consideration of the understandings of others. An example of practitioner research is case study which I will consider later.

I believe that for educational research to be *about* and *for* practice the researchers should ideally also be the practitioners. As Stenhouse (1975, p.165) stated 'for in the end it is difficult to see how teaching can be improved [...] without self-monitoring on the part of teachers'. Pring (2000, p.122) also questioned the value of research that did not explore the data that the teacher only had access to and the applicability to the context of the teacher. This action of self-monitoring and critical reflection on practice is the concept of extended professionalism described by Hoyle, in Stenhouse (1975, p.143). Stenhouse describes the critical characteristics of extended professionalism as the commitment to systematic questioning of practice, the commitment and skills to study one's own practice and using these skills to test theory in practice (Stenhouse, 1975, p.145). I will consider objectivity and the relationship of theory and practice later.

### **Case study**

According to Golby and Parrott (1999, p.79) 'case study is synonymous with professional activity; it is what professionals do day by day. Educational research by case study can be seen as the pursuit of professional excellence through academic means'. I believe case study has enormous value for the individual practitioner and the profession as a whole. It helps practitioners understand and articulate the complexities of professional judgment and this will enhance development of their practice. Fish and Coles (1998, p.58) suggest that sharing this understanding in the public arena, professionals could ultimately reshape the public perceptions of practice. In light of the current political climate threatening medical professionalism and the drive to create a medical 'technician-style' workforce I believe this aspect of case study is important. I believe that quality of care will be enhanced if practitioners become engaged in this type of research through a better understanding of their practice and thus identifying areas for improvement.

Pring (2000, p.123) expresses concern that possible limitations to case study include objectivity and impartiality of the researcher. To obtain generalisability, Golby and Parrott (1999, p.86) suggest understanding the case as an example of a wider set of theoretical ideas. Thus it is more about the particularity rather than the uniqueness.

The individual researcher will bring their own set of values and beliefs such that 'who we are as a person will produce quite different outcomes' (Tripp, p.142). The nature of case study is such that it can only be done by practitioners and for the development and benefit of practice. It must be repeated over time as practice changes and traditions and judgements develop with experience.

De Cossart and Fish (2005, p.235) state that professional practice is complex, uncertain, morally based and depends on professional judgement. This is reminiscent of the Greek view of praxis which

130 is, as Aristotle argued, action in which the end product is not an object but is the realisation of  
131 morally worthwhile good (Fish and Coles, 1998, p.38). Thus professional judgement is at the core of  
132 practice and is influenced by values, theories, ideologies and habits. These form the base of the  
133 iceberg of professional practice as illustrated by Fish and Coles (1998, p.306). I believe case study is  
134 pivotal in the understanding of professional judgement and the theory of practice.

135 Considering the relationship of theory and practice further, Carr (1995, p. 50) states 'the relationship  
136 of theory and practice is not one of applying theory to practice; nor is it a matter of deriving theory  
137 from practice [...] it interprets theory and practice as mutually constitutive and dialectically related  
138 domains'. Case study will help practitioners understand their own theory of practice and how this  
139 integrates with the tradition and society in which they are practicing. Theory and practice are at one  
140 with each other and do not exist separately. This depth of understanding will form the foundation  
141 for development of practice and development of further enquiry.

142 Thus, overall, case study can be part of practice and can facilitate ongoing research into practice  
143 which will lead to development and improved quality of practice and the profession as a whole.



## Appendix 13

### Stage Three analysis: 'four stories'

#### Malcolm – Question Everything.

Malcolm is an SpR in General medicine. I interviewed him towards the end of the second module.

#### 1 Background

2 Malcolm felt he had reached a stage in his career, having completed his professional examinations,  
3 where he had the time and opportunity to study something outside clinical medicine. He was  
4 “looking for something else to do.” He perceived an expectation that he should gain a higher degree  
5 in a relevant subject to ensure his career progression. He felt that his specialty did not lend itself to  
6 traditional research; “opportunities in the true scientific sense of the phrase are limited”. Malcolm  
7 was enjoying teaching medical students and his junior colleagues and considered taking a Masters  
8 Course in either Education or Ethics and Law; “the two sort of popular courses around.”

9 He spoke to an ex-student of our programme and registered because “its local, its good, its  
10 affordable....its kind of what I want to do.” Beyond his colleague’s recommendation that it was  
11 “good” he started the programme with no knowledge of its approach. His expectation was that the  
12 course would provide the required postgraduate qualification and would tell him how to teach;

13 We felt very much coming into this that this would enable you to teach better, by that sense  
14 standing in front of people and delivering information...deliver information but in a cool way that  
15 people could understand...and think that you were wonderful.

#### 16 Beliefs at the beginning

17 Malcolm’s idea of education at the beginning of the programme was based around a model of  
18 lectures involving the transmission of knowledge; “standard scientific, put the PowerPoint on.” He  
19 was not accustomed to revealing his personal beliefs or experiences; “doctors don’t write this kind  
20 of thing.” He felt, however, that he had already become more questioning before starting the course  
21 “I started thinking that off my own back if you like maybe that’s just cos I’m 30 and getting cynical.”

22 He had no concept of approaches such as ‘positivist’ or ‘non-positivist’ and no awareness that his  
23 education had generally encompassed a particular approach; “to be even aware that there’s an  
24 approach.....never even thought about it, I’d never even questioned”

25 Malcolm did not read the philosophy of the programme before starting but thought that if he had it  
26 would have been incomprehensible and that he might have ridiculed it;

27 Had I read this a year ago, it would have meant nothing to me, it would have been irrelevant, I  
28 probably would’ve thought of it as bumf and I would’ve thought ‘well its all just a bit of nonsense,  
29 what are they on about, what is an enquiry?’ I didn’t know what an enquiry was when I started here.

30

#### 31 New ideas

32 Malcolm was initially surprised by the ideas presented by the MA; the concepts and the approach  
 33 seemed new, unfamiliar and at the beginning quite foreign. He found the programme intellectually  
 34 challenging at first, even intimidating and felt considerable discomfort during the first few weeks;

35 Intimidating in an intellectual sense. It just seemed that you'd completely stepped out of what you  
 36 knew and felt comfortable in, to something that was alien and quite uncomfortable ... being  
 37 completely unable to even engage in a conversation because you just didn't understand the  
 38 terminology, didn't understand what people were driving at, and you went home feeling very  
 39 uncomfortable.

40 He often did not know what was required of him and was unsure during group discussions whether  
 41 what he and others were saying was what the tutors wanted or expected. He felt these feelings were  
 42 common to many students. They were not, however, usually revealed until after the formal session,  
 43 walking back to the car or into town; "walking out to the car was the most educational moment of  
 44 Friday mornings."

45 The demands of the assignments seemed similarly very strange at first and even as he began writing  
 46 he still felt that he was not sure what was being demanded; "this is what I think they want me to  
 47 write but I will accept it if they...say actually you've got hold of the wrong end of the stick."

48 New, but resonant

49 However, although the concepts were unfamiliar and unlike anything he had previously been taught  
 50 or come into contact with, Malcolm did feel that, some of them at least, resonated with his  
 51 experiences as a doctor and teacher;

52 Something about it just struck a chord and um I distinctly remember in, probably once or twice in  
 53 each session, that somebody would say something and ...what people said kind of inwardly rang true  
 54 and you thought that's what I'm feeling, be it frustration about why we don't like protocols  
 55 ...someone would say something and you'd sit there and think that's why I feel like I do whatever it  
 56 is or that's why that works when you teach it and so something there aroused interest and made me  
 57 want to learn more.

58 He could not at first always relate the concepts presented directly to his own experience but still felt  
 59 that they resonated; "intuitively feeling that this is right because so much of what we've done has  
 60 struck a chord that felt right and I felt at ease."

61 This resonance was a major factor in helping him to stick with the programme during the first week,  
 62 despite his extreme discomfort at times;

63 I felt out of my depth, uncomfortably out of my depth, but never felt like I wanted to stop, it made  
 64 you want to learn more and find out and be able to talk and interact and use that language.. to the  
 65 point where you looked forward to Fridays and come back and do it.

66 Furthermore, he felt that the programme was enabling him to articulate some ideas and thoughts  
 67 which had previously been present but ill-defined; "who said its right but (I) didn't have any  
 68 background ... other than that I couldn't explain it and I couldn't criticise it" and that he was now  
 69 equipped to communicate; "before it had no voice, but now it does through doing this course."

## 70 Struggle

71 Malcolm described how gradually during the first module his understanding of the ideas being  
72 presented grew, but not in a smooth or linear fashion;

73 A concept of some form would be introduced that I would have no understanding of and you'd feel  
74 uncomfortable and out of your depth and then you do some reading you come back and discuss and  
75 you get a little bit more comfortable with that concept but a new concept would come in and you go  
76 back to those concepts each time so it was kind of like waves coming up on a shore.

77 He felt that working on small groups with the other students had increased his understanding  
78 "everyone sort of explained things in a different way" as well as allowing him to share his anxiety  
79 and discomfort and appreciate that everyone else felt very similar to him.

80 Malcolm reads widely including the Russian classics and although he found Carr and Pring  
81 challenging he enjoyed the reading though he did not always understand it immediately; "There's  
82 reading and there's understanding. I could read Carr and Pring. Did I take it in? No"

83 Similarly, he did not find the process of writing difficult (he writes songs) but struggled with the  
84 content of the first assignment, writing three different incidents before finally deciding on one. He  
85 described how he learned and developed while writing the first assignment "on two or three levels"  
86 which he said were "learning the language...reflecting on yourself..(and) ...learning to write."

87 Getting the draft back with positive feedback from his supervisor and also receiving the marked final  
88 version were very significant moments. They marked a huge shift in Malcolm's confidence and from  
89 then on he felt much more at ease; "I suppose a bit of relief, a bit of pride, that's right, that is ok, I  
90 can do this, because underneath you're feeling a bit..intellectually battered and...it made you feel a  
91 bit good about yourself".

## 92 Change

93 Malcolm felt that he changed profoundly during the first module and that the process of change  
94 began within the first few weeks; "I know from kind of week two my outlook on life and learning and  
95 medicine completely changed, pretty much overnight."

## 96 Professional Practice

97 Malcolm was fascinated by the material and discussions around professionalism and professional  
98 judgement; "how we think, how we learn and everything in there." He described the way he  
99 changed as a professional as rapid and profound; "I could feel my understanding kind of  
100 accelerate...change in my own practice seemed to be evolving all the time." His view of professional  
101 practice, and of being a professional, changed both in terms of epistemology and ontology. His focus  
102 moved from a concentration on the acquisition of facts to a consideration of the reasons behind  
103 situations and actions; "rather than looking up facts I'm now kind of looking well, why and why did I  
104 make that decision?" Malcolm's changing view of professional practice is also illustrated in his  
105 second assignment. He interviewed a colleague and commented on the data that "For me, these  
106 statements reflected her realisation that what she needs to learn is when and why not what."  
107 Malcolm was almost indignant that he hadn't known about these concepts before; "How could I

108 have worked as a so-called professional and I hadn't even thought about this." He wondered  
109 whether the changes that had occurred in him as a result of the programme would have happened  
110 during his professional life anyway over a period of time, even if they were not ever fully articulated;

111 I kind of wonder, does this kind of evolve anyway in people if you've been working for 20 or 30  
112 years, do you think this, but you just haven't put it into words, perhaps not to the same extent..or do  
113 we need this, does this become an essential part of how we think?

114 He also mused whether these ideas should be taught much earlier in a doctor's career. He wondered  
115 about teaching them at undergraduate level, or to junior doctors but concluded that one had to  
116 have reached a certain level of seniority, and be dealing oneself with complex decisions, in order to  
117 fully appreciate their significance;

118 I've often thought if someone had said to me as a HO or SHO, would I have taken it on board? Would  
119 I have developed and understood it? ..I think it's when you appreciate yourself that you need a  
120 different type of information which is what I think this is kind of getting you to do, that I think it  
121 becomes relevant so I suppose I would perhaps have liked to have started this a year or so  
122 earlier..but I think you could do it too early. I think if you did it as an undergraduate it would be  
123 meaningless.

124 Educator

125 Malcolm's educational practice at present usually involves teaching one to one on the ward. He  
126 described how his teaching methods had changed dramatically within a few months of starting the  
127 programme. He began to view learners as individuals, each requiring a unique approach by the  
128 teacher. In his first assignment he wrote;

129 You cannot think of a person as an 'empty vessel' into which information can simply be poured until  
130 they are full, but as a complex organism that exists with their own preconceptions and 'educational  
131 baggage'.

132 Previously he had been keen to interrogate the learner for knowledge and to impart it himself. He  
133 shifted to asking for the reasons behind their decisions and exploring their ideas; "you're kind of  
134 allowing people to find out and learn for themselves and you're kind of facilitating them as opposed  
135 to telling them"

136 Before coming on the programme Malcolm's teaching had often involved asking learners for lists  
137 and supplying mnemonics to help them remember them. He changed to asking questions beginning  
138 with 'why?' and to seeing his role as being to question the learner rather than have the learner  
139 question him; "Rather than asking for lists, hard facts, I've changed and I'm going into the grey area  
140 of 'why do you think this person's unwell? Why do you think you're doing this?" He wrote in his  
141 second assignment about this change;

142 By revealing to myself how I learned, it has enabled me to realise what an important aspect of  
143 learning this is, and has consequently allowed me to change my own educational practice. Rather  
144 than reciting lists, I now focus on explaining why I made the decisions I did, and actively encourage  
145 juniors through questioning, to deliberate on their own decision making process.

146 He felt that this change was very significant; “I think it’s really fundamental.” He was gratified to find  
147 that he was receiving excellent feedback from learners in response to his new approach; “For people  
148 to come back and say ‘you know, I’ve thought about what you said over the last week or so’ and  
149 usually ‘I’ve got more questions,’ fine! That’s great.”

150 He commented that he had changed through his learning on the programme but without being  
151 instructed directly in teaching methods; “without anyone telling you how to teach or do things, you  
152 had changed yourself just by thinking about what you were doing.” He had considered why he  
153 taught the way he did before and why this had changed and concluded that he had learned from the  
154 way he was taught;

155 I’ve tried thinking about that quite a lot and that’s, I kind of think, analogous to how we were taught.  
156 We sat in the lecture theatre and someone spoke to us and so that’s what I’ve done to people and  
157 by doing this, which is asking us to reflect and think on how we learn and why we learn .... its not  
158 facts, its why? and why do you make that decision? and what information did you use to make that  
159 decision?

#### 160 Research and Educational Enquiry

161 Malcolm’s view of research also changed significantly during the first module. He alluded to this a  
162 little in his interview and discussed it in more detail in his assignments. He broadened his view of  
163 evidence from being all about numbers or proven facts to including reflection and ideas and in his  
164 second assignment wrote, “The majority of the evidence I have presented here today is based on my  
165 own memory and recollections”. He developed a new view of the ways in which educational  
166 situations could be explored, writing;

167 Although the nature of knowledge gained through interview will vary, we can begin to approach the  
168 inner meaning that people will ascribe to their actions in ways that randomised control trials and  
169 other more positivist approaches will struggle to realise.

170 In his interview, when trying to summarise the philosophy of the programme he focused on the  
171 nature of evidence, saying; “what the course is about.. its how it enables you to reflect and question  
172 and understand and ...what you perceive as data and how you interpret it and interact with it and  
173 evolve as a result of interpreting it.” During the first module he moved very quickly from an  
174 approach in which objectivity was highly valued to being comfortable and even celebrating  
175 subjectivity, writing in his second assignment “I would argue that in many ways subjectivity within  
176 this context is in fact essential, and therefore should be acknowledged and embraced”.

#### 177 Clinician

178 As a doctor Malcolm felt that he had already altered his approach to patients before starting the  
179 programme as a result of seeing illness in close family members – this had made him think deeply  
180 about his communication skills and his approach to individual patients. He felt, however, that that  
181 the programme had caused him to reflect still further on his clinical decisions and to consider what  
182 was behind them, as well as focusing much less on factual knowledge. Just as he was asking his  
183 learners to work out what was behind their decisions and actions he also asked himself; “in the same  
184 way that I’m getting the.. students.. why have you done this? I’m doing that to myself.” Whereas  
185 before when he reflected his focus would have been on knowledge “I’m going to look up this drug”

186 or traditional scientific evidence he was now considering “my justification for it not as in an evidence  
187 based medicine kind of thing but almost in a moral sense.” Again there was a shift to ‘why’ questions  
188 from ‘what’ – “the greater part of what we do, is all the bits around it..which I’d not really thought  
189 about before and so I suppose what it has changed in me is that... by questioning yourself, why have  
190 I done that? Why am I doing this?” Although he was posing these questions to himself he did not  
191 always find the answers easy to find, nor was the process necessarily comfortable;

192 Sometimes it was very difficult a lot of the time it came back as, I don’t know why and um again  
193 feeling uncomfortable again but that would make you kind of try and sit down and think about it and  
194 mull over it in your head.

195 Person

196 Malcolm felt that the effect of the programme was not confined to his professional life but that he  
197 there had been a profound change in his approach to ideas generally, whether at work or outside  
198 “you felt like you were being able to explain life, that’s a bit strong but how you think and why we do  
199 things ...its a kind of spiral of self-discovery if you like, and of self-awareness.” He had become more  
200 reflective and much more questioning; “I do I find myself questioning everything I’ve done, why I’ve  
201 done it....in life generally and always reflecting as to as to what the true meaning of that is...in other  
202 words how does this affect what I do.”

203 He described how the programme had stimulated his thinking so that he would spend time at home  
204 reflecting on the concepts; “I’d sit there and be riding my bike somewhere and mulling it over in  
205 your head, it’s an hour’s drive to Grantham, you’d sit there thinking about it going in.”

206 Intertwining the approaches

207 In the early stages of the module, as Malcolm’s understanding of the new concepts improved he  
208 began to reject the prevalent approach in his professional life – which he termed ‘positivist.’ He  
209 described his attitude to the programme then as “this is the only way to go and actually this feels  
210 intuitively more appropriate and right and you’re kind of railing against all kind of evidence based  
211 medicine.” However he soon shifted again and when we spoke after the end of the second module  
212 felt that he was able to live comfortably with the different approaches simultaneously; “one of the  
213 things that came up you can’t be positivist and part non-positivist and I think you probably could, its  
214 a false dualism.” He seemed to have achieved this by rationalising that different approaches were  
215 appropriate to different situations; “I suppose you’re kind of coming to the point now where you’re  
216 appreciating that there’s a time and a place to use every bit of information..and data now means  
217 different things.” He felt however that he applied much more questioning to either approach as a  
218 result of the programme; “actually well now I’ve got two concepts and now I’m going to approach  
219 both and I question everything.”

220 What is this a case of?

221 Overall, the theme of Malcolm’s experience of the first module of the programme can be  
222 summarised as ‘question everything.’ It was evident throughout the interview, as he explained and  
223 analysed his thoughts and experiences, that he was continually reflecting and reconsidering what he  
224 had said. One quote from the interview sums this up; “it really is ‘question everything’ is effectively

225    what this now tells me...that's good cos I saw a bit of graffiti on the wall, it said 'question everything'  
226    and someone underneath had written 'why?'"

## Mysteri - Branching out but still in conflict

Mysteri is an SpR in psychiatry whom I interviewed towards the end of the second module.

### 1 Background

2 Having completed his professional exams Mysteri wanted to undertake some study which would  
3 offer a different perspective to his previous medical and psychiatric training, where he felt had not  
4 utilised all of his inherent skills; "I've always felt that I could do something else or have some other  
5 skills." He felt that the world of medicine and of psychiatry had limited his opportunities to develop  
6 in certain directions; "obviously, psychiatry is quite different from other medical specialties so I do  
7 want to develop that other side a bit, but there's limitations; you're still in the medical field, we're  
8 still geared in a certain way."

9 He had been teaching medical students and was beginning to develop an interest in education. He  
10 had some awareness that the programme's approach would be different to his previous education  
11 and welcomed that; "I noticed that it actually had quite a large philosophical standpoint to it .. but I  
12 was very satisfied with that actually." His aim on coming into the programme was primarily to  
13 develop himself personally;

14 I felt it was more about myself, and part of it was about education because education was another  
15 interest of mine as well, so the two interests seemed to combine well, but also I like to develop, I  
16 think I can develop myself as a person in other ways because I feel in society we're restrained in  
17 following one single path and um we're under a lot of pressure to do so. I feel I'd like to branch out a  
18 bit.

### 19 Beliefs at the beginning

20 When Mysteri came to the programme he believed that learning was about absorbing facts in order  
21 to be able to regurgitate them at will; "my view of education before was probably the way I've  
22 experienced education in the past, where maybe you have to memorise information or learn  
23 information and impart that knowledge in an exam or clinical situation." He saw teaching as the  
24 process whereby knowledge was delivered to the student; "my assumption that teaching was to  
25 impart knowledge about a particular subject." In his first assignment he wrote about watching a  
26 teaching session which involved students playing a game. At that time he had felt  
27 "disappointed...that playing a game was an inappropriate use of teaching time." He felt that having  
28 fun was not a proper part of education.

29 In relation to research he was well versed in the use of the randomised control trial but was also  
30 aware of other methods, albeit generally within a more traditional or quantitative approach; "I've  
31 been trained in medicine ok randomised controlled trials and other types of research like that" and  
32 the approach to psychiatric research that he was familiar with was similar; "I had in the past done a  
33 course in um 'psychiatric research' which was much more of a scientific view and experiments."  
34 However that course had also touched briefly on qualitative research and that had ignited an  
35 interest in him; "we also mentioned qualitative research and I was always attracted to that at that  
36 point, so I was always looking for a way forward in that qualitative world" He felt that he already  
37 viewed medical research with some scepticism as so many papers were published in his field with  
38 apparently contradictory evidence; "I wasn't happy with the papers I was reading in my psychiatry



39 journals one persons saying this then a few years later another paper would come out saying the  
40 opposite and it didn't make sense to me." He was also sometimes suspicious of the involvement of  
41 Pharmaceutical Companies in research; "There's a lot of bias in these other papers, such as drug  
42 companies getting involved and I was very sceptical about that."

#### 43 New Ideas

44 Although Mysteri had been aware that the first module involved some philosophy he was still very  
45 surprised at the extent to which this element was included; "It did shock me to some extent to what  
46 extent it was very philosophical" and at how different the approach was compared to his previous  
47 experience; "It surprised me actually how much of an emphasis it was on a different approach more  
48 than I expected... I didn't know it would be that different!"

49 Although he enjoyed the reading he found the ideas intellectually challenging "I like Pring and I wish  
50 I had enough time and intelligence to read it a bit more" and he did feel uncomfortable at times  
51 "some of the texts like Pring can get a bit confusing and I felt a little bit lost."

#### 52 New, but resonant

53 As a psychiatrist Mysteri was used to considering his patients as a whole and using narrative as data.  
54 He thought that this background meant that the approach of the programme felt, to some extent,  
55 familiar;

56 In psychiatry it is more narrative - we don't deal with blood tests, numbers and all that. We're  
57 looking at holistic patients experiences and because we're looking at patients experiences we  
58 looking at experiences as evidence here, so maybe there's some parallel with this and my clinical  
59 practice as well

60 Mysteri also felt very early on that the approach of the programme, although initially surprising, did  
61 build on some ideas and thoughts that he had already had; "I feel that's something I've done all my  
62 life without a structure."

63 These thoughts were perhaps ill-defined but were, he felt, uncovered and developed by the  
64 programme; "I think this approach we use was hidden within me somewhere... was waiting to come  
65 out.... what I learned from the course it sort of uncovered it".

66 As well as 'uncovering' the programme had, he felt enabled him to develop and structure his  
67 thinking, for Mysteri this particularly happened when he was writing;

68 I felt this is what I've done, I've done all my life, or certainly over the last few years, but I've never  
69 really made it specific enough and certainly opportunity to do these assignments has, putting things  
70 in writing has helped me formulate my thinking as well as my reflective processes.

#### 71 Struggle

72 Mysteri struggled initially with the approach being offered by the programme; "this education  
73 course can be quite confusing at times." On the one hand it resonated with him, on the other it  
74 contradicted the approach that was prevalent and approved of within his professional life. This  
75 produced some tension for him;

76 That tension is between, for years and years of knowing one approach and then suddenly coming  
77 across another approach ... I felt more attracted to the approach we use here but society or  
78 medicine sort of restrains us to look at our own approach and that's the sort of tension I'm  
79 describing.

80 He felt that he came to terms with the programme's approach mainly through reflecting alone and  
81 through reading and writing. "The Friday morning is a good stimulus to get me thinking but more of  
82 the work goes on outside it, just by reflecting."

83 For Mysteri the group sessions were not always useful in helping him understand and at times  
84 produced other problems. "Group work is quite difficult, you've got different personalities there,  
85 different people and its difficult to, to get on the right wavelength sometimes." He did, however,  
86 find the smaller groups "helpful...easier to manage."

87 The process of writing had been particularly important in developing his ideas. He did not find the  
88 writing difficult in itself; "I do enjoy writing." He said; "writing helped my thinking" and; "it's amazing  
89 what you can come up with....when you do start writing."

90 During the first module he began to feel more at ease; "as the course progressed and I got more into  
91 the world of the course it felt more normal." However, he wrote the first assignment not knowing  
92 whether he was on the right track; "when I did the assignment I didn't know if that was what was  
93 required of it but I just followed my heart."

94 Change

95 Mysteri described how the programme so far had had a fundamental effect on him. In his first  
96 assignment he wrote; "not only is my view of education changing but my view of myself is also  
97 changing."

98 Professional practice

99 Mysteri did not speak specifically in my interview with him about his view of professional practice.  
100 However, he did discuss the ways in which his view of the relationship between theory and practice  
101 had developed. He changed from thinking that theory should dictate practice to seeing them as  
102 inseparable; "we've always had the view that there's theory and there's practice and theory tells you  
103 what to do but I realise its hand in hand and you can't really separate them that easily."

104 Educator

105 Mysteri's ideas about the nature of learning and teaching changed markedly and rapidly during the  
106 first module. He wrote that he had "discovered a method of teaching that's challenging my  
107 underlying beliefs and assumptions on what constitutes education." He began to see education as  
108 being concerned not simply with the delivery of facts but a complex process occurring between  
109 teacher and learner; "It's not as straight forward as a transmission of information - it's a bit more to  
110 do with who you're transmitting the information to and them engaging in that process." He changed  
111 his ideas about the role of the teacher, from someone who delivered knowledge to someone who  
112 facilitated learning; "The teacher can get the student to actually develop their own ideas and that's  
113 part of what teaching's about". He was surprised that learning could be enjoyable for both teacher

114 and learner and even worked more successfully if it was; “a new way of teaching, if you want, where  
115 we can make it enjoyable and interactive.” When he looked back on the incident he had described in  
116 his first assignment he saw it very differently, as “positive, interesting, enjoyable.” In his own  
117 teaching, with medical students, he moved away from trying to give them information to planning  
118 interactive sessions based on practice;

119 I focus more on looking at the practical situations taking them to hospitals and places where our  
120 patients would live and learning from that experience - again its just by doing things we learn more,  
121 so by actually getting them involved in things the students learn better.

122 In his first assignment he described how telling a story and reflecting upon it had educated him and  
123 how this experience had shifted his beliefs about education from being ‘informed ...by .. knowledge  
124 (to) articulating my own experience.”

125 Mysteri also felt that he had started to consider his teaching sessions from the point of view of the  
126 students for the first time. He thought about and reflected on his own experiences as a student to  
127 try to work out what would be most useful for them. He also considered for the first time what he  
128 brought to the session himself, in terms of his beliefs and values and how this affected the  
129 educational process; “it’s about me as a person as well and bringing myself to education and what I  
130 bring to it. Its not just about topics.”

131 Clinician

132 Mysteri felt that the programme had also influenced him as a psychiatrist and prompted him to  
133 reflect more on his clinical work “It’s made me think more about what I’m doing in my practice and  
134 how I’m doing it and what effect it has”. Just as in his educational work he was trying to consider the  
135 learner, in his clinical work he was trying to see things from the patient’s point of view; “I’m trying to  
136 look at things from the patient’s perspective.” This had resulted, he thought, in him behaving  
137 towards his patients with more humanity;

138 I think with my patients I’m probably more, it’s difficult to describe exactly how it is, probably less  
139 doctor-y in some ways and a bit more a bit more human ... I feel that’s what they need, looking at it  
140 from their perspective.

141 Just as he had begun to appreciate how much his beliefs and values influenced his role as an  
142 educator Mysteri started to consider these in relation to his clinical work;

143 Its made me think more about what I’m doing in my practice and how I’m doing it and what effect it  
144 has and also I suppose one other thing I learned on this course was about underlying assumptions  
145 and beliefs - it also made me think what underlying assumptions and beliefs I bring to my clinical  
146 practice.

147

148

149 Research

150 As a psychiatrist Mysteri was used to using narrative as data; "We are looking at experiences as  
151 evidence." He developed his thinking about the nature and use of qualitative data further during the  
152 first module, writing; "I have been able to explore my own assumptions on ..researching my  
153 practice."

154 Having started the programme already sceptical about much mainstream medical research and with  
155 some awareness of the use of quantitative evidence Mysteri felt that he was already prepared to  
156 develop his view of educational enquiry; "I think at the beginning of the year I did catch onto this  
157 approach fairly quickly so over the year it hasn't changed greatly but certainly changed at the  
158 beginning." He felt that the programme so far had developed his understanding of this approach and  
159 its importance; "since the course has progressed...I've looked at these other methods as probably  
160 more significant and probably gives a bit more insight into answering the questions that we ask." His  
161 views and understanding were still changing; "I'm starting to realise that we can also have a  
162 different approach and still have validity there - that is, I suppose it depends how you define  
163 validity..I think I still feel I'm developing my ideas about these concepts."

164 Although Mysteri was himself feeling more comfortable with the programme's approach to  
165 educational enquiry he remained convinced that it would be rejected by mainstream medicine; "I  
166 think in medicine they'll stick to the traditional approach and I don't know that the medical  
167 community is open to this other approach."

168 Person

169 When Mysteri began the programme he was consciously seeking personal development and he  
170 certainly seemed to have developed significantly as a person during the first module. In his first  
171 assignment he wrote "My life is an education."

172 Mysteri was very clear when I interviewed him that the programme had changed him not only in his  
173 work, but also as a person. When I asked him what effect the programme so far had had on him his  
174 first comment was; "It's changed me as person certainly!" He explained that the programme had  
175 prompted him to reflect on himself and how he interacted with people in all areas of his life;

176 Well I suppose when I'm saying changed me as a person, its helped to clarify my thinking about  
177 myself as a person, my identity if you want, so I'm a bit more clear about how I engage with other  
178 people .....really I'm looking at developing myself as a person.

179 He felt that the programme had also made him see links between himself as a person and aspects of  
180 his work of which he had previously not been aware. For example when talking about writing in his  
181 assignment about a specific incident he said that if he was to write it again it would be different and  
182 that this would be affected by how he had himself changed;

183 Education is about changing ourselves, changing ourselves as people, and about changing our lives,  
184 so I think I will change over time and then if I were to come back to this case and perhaps write it  
185 again I would write something different.

186

187 Intertwining the approaches?

188 When we met Mysteri felt that although the programme so far had had a profound effect on him  
189 there was still lots to learn and think about. In particular he anticipated his ideas about the validity  
190 of qualitative research to continue to develop;

191 It gets very complicated when we talk about objectivity and subjectivity and those aspects. I think  
192 I'm still getting to grips with those aspects um I'll probably develop my ideas more as the course  
193 progresses.

194 While Mysteri had been profoundly influenced by the programme, as a clinician, an educator and a  
195 person, he continued to perceive a tension between the new approaches, which he had in many  
196 ways embraced and the approach prevalent in medicine, in medical education and in society. He  
197 describes himself as "unconventional and unorthodox" but admits, with some surprise to feeling  
198 "pulled in two opposing directions" when reflecting on the incident in his first assignment. He  
199 referred on a number of occasions to his feeling that the approach of the programme would be  
200 rejected by mainstream medicine and medical education, summarised perhaps by his comment that,  
201 "I still feel that I'm restrained by the medical community and the approach they want to use."

202 What is this a case of?

203 Mysteri wanted to branch out – he certainly did that, developing profoundly as an educator, a  
204 clinician and a person. However, he retained a strong perception that this new approach, liberating  
205 to him individually, would be rejected elsewhere – he branched out, but still felt in conflict and to  
206 some extent, constrained.

## Mike – An unexpected journey

Mike is an orthopaedic SpR whom I interviewed towards the end of the second module.

### 1 Background

2 Having completed his professional examinations Mike felt that he needed to do “something else to  
3 fill the gap” in his CV and to facilitate his career progression, “orthopaedics is becoming increasingly  
4 competitive.” It needed to be “something that I was interested in so I could see it through.” He did  
5 not feel interested in medical research and felt that teaching was becoming more and more  
6 something that was demanded of him and which he wanted to learn to do better. The programme  
7 was convenient geographically and recommended by a colleague, a graduate of the programme.

### 8 Beliefs at the beginning

9 Mike described his previous education as being grounded in the acquisition of facts and largely  
10 based within traditional science, “since GCSEs, you know it had been always heading down the  
11 science route, science A levels, medical school etc getting facts to learn.” In his first assignment he  
12 said that as a medical student, “It was my belief at the time that the duty of the teacher was to  
13 impart all of the information to allow us to have the resources to pass the structured examination at  
14 the end of the course”.

15 He expected the MA programme to tell him how, in a fairly mechanical way, to set about education,  
16 “I thought it would be...information taken from the course to go back and teach directly.”  
17 Orthopaedics is traditionally a practical, ‘no-nonsense,’ specialty and he had had little or no  
18 exposure to reflective practice, in fact such approaches were, he felt, dismissed within his specialty,  
19 “In my work you start to talk about reflective thinking, reflective practice, most people look at you as  
20 though you’ve dropped in off another planet!” He thought of research as something large-scale and  
21 numerical involving a search for objective data, “developing your hypothesis and looking at ways of  
22 establishing it.....its about looking at the hard and fast, you do this and that happens as a result.”

### 23 New ideas

24 Mike was initially very surprised at the approach of the programme. It was unfamiliar and even  
25 somewhat threatening, he said, “it felt quite alien at the beginning” and “those were concepts that  
26 were quite alien to start with.”

27 The content was not at all what he had expected, “I thought it would be more hands on,” and much  
28 of the first few sessions was, he felt, incomprehensible to him, “for the first 2 or 3 weeks everything  
29 just went straight over your head.” He felt that it involved a very new way of thinking for him, “you  
30 find you have to engage a different part of your brain and reason and think, exploring philosophical  
31 concepts.”

### 32 New, but resonant

33 Although Mike initially found the ideas presented on the programme difficult and unfamiliar he soon  
34 started to link them to his practice, where he found they both resonated with and enabled him to  
35 develop his view of, his practice,

36 You can't read what you're given, or I can't anyway, read it and then immediately say 'oh it's clear  
37 that Carr is saying this and that's what I need to do' you've got to take it into context and base it in  
38 your own practice.

39 He related the ideas on the programme to his clinical work, his educational work and also more  
40 broadly to his approach to being a professional. "It does change my practice but in a very different  
41 way than I thought it would." Mike felt that the programme was related to aspects of  
42 professionalism which were very important, but that he had not heard articulated before, "that's the  
43 professionalism aspect, which of course is fundamental to what we do but nobody ever really  
44 explains." He said that the programme had given him a new way of approaching his work, "it's  
45 teaching you a different way to think and approach problems and act on them."

#### 46 Struggle

47 At first Mike was unable to see how the content of the course would assist him in his desire to  
48 become an educator, "It was very difficult to relate to how that would impact on being an educator."  
49 He couldn't match what was happening on the course with his original aims, "I wanted to leave the  
50 course with an idea about how to set up a teaching programme for junior, or more junior, members  
51 of the team and how to implement it and to start with I really didn't see how I was going to come  
52 away learning anything about that."

53 He had moments where he wondered if the programme was right for him, "what have I let myself in  
54 for and how is this going to help with what I thought my goals for the outcome were?" The  
55 programme was intellectually demanding, "It's a way of thinking that I'd not had to really use  
56 before." In the group discussions during the first few weeks Mike felt insecure and unconfident, "Am  
57 I discussing the right things, are my points valid, am I just talking nonsense, have I completely  
58 misinterpreted this?"

59 Mike found both the reading and the writing challenging. In relation to the reading, both the style  
60 and content of the texts was problematic, "It was a tiring thing to do and finally you'd finished it and  
61 I really wasn't sure what it was getting at and driving at." When he began to write Mike found the  
62 process of writing difficult,

63 It isn't something that I've done for a long, for many years and I've always slightly struggled with my  
64 grammar and spelling and so from that point of view it's been a nerve racking experience really. It's  
65 something that I don't feel is a strong point at all.

66 Deciding what to write was also problematic,

67 There was lots of sort of deliberating and sitting around and thinking about things and putting it off  
68 until actually I started writing and then once you start writing you realise that it all suddenly started  
69 to fit together.

70 During these difficult early weeks Mike was comforted and supported by three aspects. Firstly he  
71 knew and worked with, a successful educator who had already completed the programme. "I had  
72 had the chance to go and talk to BP as well about it and...he is now medical educator as part of his  
73 job so it must be a worthwhile thing to do."

74 Secondly, he realised that the other first year students were all feeling very similar, “those people  
75 who were also in the first year also felt the same way, as far as I could tell, there were lots of, during  
76 the coffee breaks and things, people would say ‘I really don’t understand what we’re getting at this  
77 morning’” and lastly he found working with the second years helpful as they were both a role model  
78 but also contributed positively to the discussions,

79 I think it was encouraging to find out that certainly by mixing the first and second years, you know,  
80 the second years have come back for more, so therefore it must make sense and they’re also able to  
81 elaborate the arguments and the discussions and expand on them in a way that I don’t think you can  
82 when you start off with.

83 Change

84 Professional practice

85 Mike’s view of professional practice changed significantly during the first module. He thought about  
86 his practice more deeply, particularly the way it affected him personally “it’s making you think about  
87 those areas of your practice that in the past have affected you in a more profound way and why  
88 they’ve done that.” He began to consider more the way his work affected other people,

89 You start to think about your role in what I do on a daily basis very differently and the impact that  
90 that has on people, not only you know the people I work with but also people I’m seeing.

91 Mike also began to consider and to be able to articulate the elements which make a good  
92 professional. He described an incident where he enabled a colleague to reflect on the candidates for  
93 a new post, drawing on elements other than the factual evidence in their CVs, “you know that that  
94 person’s a good surgeon but you can’t put it into words and you’ve never seen him operate, so how  
95 do you know he’s going to be good.” He seemed to be saying that he would have recognised this  
96 before but he now appreciated it more deeply and could articulate it more clearly;

97 I think you know you’d always get the feeling that if somebody is going to be good at their job, you’d  
98 just describe it as a feeling, you know in your guts, and its only when you stop and think about what  
99 those attributes are that actually make up a good surgeon or a good doctor or whatever it is and you  
100 see them in people all the way across the board and its very difficult to put your finger on it but it’s  
101 that that this course has taught me that those are the attributes that you want to bring out in  
102 people, which is the professionalism, but how do you develop that because really anyone can go  
103 away and read things in a book and learn things by rote but it’s those professional attributes that are  
104 very difficult to nurture and they’re very difficult to understand where they come from and it’s that  
105 that this course is trying to get at.

106 Mike had enjoyed meeting doctors from other specialties on the programme. He began to see their  
107 practice as linked to his in terms of the situations they dealt with and the judgements they made,  
108 rather than as very different disciplines,

109 You don’t often get a surgeon, an orthopod, a psychiatrist, an anaesthetist and a GP in the same  
110 room discussing the same point and so you can see how everybody’s practice interprets things in a  
111 different way and from that you can start to get a feel as to the judgements, the professional  
112 judgements are all very similar, but they need to be adapted and tailored to your needs.



113 Educator

114 Mike said that the programme was giving him a new approach to education, rather than telling him  
115 how to do it,

116 It gives you a series of thought processes and ideas that you need to explore with the people you're  
117 going to be working with rather than saying a tick-box list of this is what you need to do in order to  
118 create a programme or whatever it is.

119 Although the approach of the programme had felt quite 'alien' to Mike at the beginning, and was, he  
120 felt, at odds with the climate within orthopaedics, he had been able successfully to introduce a  
121 reflective approach to his teaching,

122 I think if you put it to them that way – we're going to have a think about this and we're going to  
123 reflect on it, most people would switch off straight away but actually if you start doing it and  
124 certainly on a sort of small group type session say and I can be talking with my colleagues then we'll  
125 see a case and I'll ask them questions about it and actually I'll get them to reflect on it without them  
126 realising it that you can suddenly see with them the penny starting to drop and actually thinking  
127 about how their actions have altered the course of the management of the patient.

128 His approach to education had moved away from thinking about what to do and which facts to teach  
129 or learn to one much more focused on the individual – including himself. In his first assignment he  
130 wrote, "Learning through education provides you with the tools required to evaluate your own  
131 practice and so perfect the performance and educate others." He spoke in the interview about how  
132 he now felt that he needed to consider his own context before educating others,

133 The thing I need to do first is work out where I'm coming from, before I can try and teach or educate  
134 someone else and I need to work out what my own philosophy is, about how I felt about them, then  
135 how I can use that in order to try and help my colleagues improve their educational experiences.

136 Then, when teaching, to consider each learner individually;

137 It's an approach that lets you into somebody's character and attitudes rather than into you have to  
138 know about this and if you can find out about the person you can find out about how to approach  
139 their educational needs.

140 And to have a flexible approach depending on the context, "my reading has encouraged me to  
141 centre my teaching on the learner...and to negotiate the curriculum as the process continues."

142 Mike also began to see education as a moral endeavour, one which included responsibilities on  
143 himself, as an educator;

144 I think until I had in my own head a clear understanding of what I thought, and it was probably  
145 personal, rather than anything else, what I thought those judgements were, that I probably  
146 shouldn't be trying to impart them to anyone else until I knew where I was coming from, and  
147 actually what my values are and what I want to bring to the job.

148 In his first assignment Mike wrote about his growing awareness of his responsibility as an educator  
149 and of the way in which a teacher's influence on a learner can be very long term. He wrote about a

150 teacher whose style he now appreciated much more than he had as a student and said, "Find the  
151 central theme and demonstrate it in such a way as to inspire a thirst for learning. Not an easy task  
152 but one to aspire to."

153 In addition, Mike's view of what constitutes good or useful education for junior doctors had changed  
154 from thinking of it as being best done in formal taught sessions to seeing it much more interwoven  
155 with every day practice. In his second assignment he had interviewed a trainee about the lack of  
156 formal teaching within the department but had concluded that despite this she was involved in a  
157 great deal of appropriate professional education,

158 For 6 months I haven't had a single sort of formal education experience so to speak and you stop and  
159 think 'well that's appalling' to start with but then you break it down and you realise that on a day to  
160 day basis we're constantly sort of going through and exploring things and it's those that are  
161 important in teaching her, and people like her, as to how to make those judgements, those  
162 professional judgements, in order to build up and improve their practice.

163 He had moved from seeing formal teaching or lectures as the gold standard to something that was  
164 occasionally useful, but as an addition to a core of practice-based professional education,

165 It's those that are important in teaching her, and people like her, as to how to make those  
166 judgements, those professional judgements, in order to build up and improve their practice, then on  
167 top of that you can add in lectures about how to manage problems but its, its the underlying  
168 attitudes that need to be thought about first and how you can build those into being a good surgeon  
169 because its not about come here and don't whatever you do cut that, although of course that's  
170 important but its I suppose it's the judgements that you need to build on to learn why it's important  
171 that you cut here, why its important you don't cut that, and why it's different in this case to that  
172 case.

173 Research

174 Mike felt that his view of mainstream medical research had changed in that he had become rather  
175 more sceptical about some of its claims. He thought that he had always been aware of the  
176 limitations of much of the research published in the medical journals,

177 In terms of, its quite easy to elaborate on your results, not meaning to but people often, you get  
178 very fixed ideas in your head about how a certain treatment or procedure does and how well people  
179 respond to it, but he had developed this view further "it's probably slightly increased my scepticism  
180 in things I read" and saw even 'scientific' papers as containing an element of story-telling, "I suppose  
181 there is story telling in every paper because you're, by the way you write it you can bring people  
182 round to your point of view."

183 When he began his first assignment Mike found the idea of using a story as evidence very unfamiliar.  
184 "To start with you think of a story as being a starting point for research, it did strike me as being  
185 almost mad!" Initially he worried a lot about the accuracy of his memory, "you start to think have I  
186 remembered this right, is this what actually happened um and you know then I got a bit hung up on  
187 that." He then began to think that, because he was now viewing education and professional practice  
188 as based on individuals and their contexts, stories were appropriate evidence in this situation,

189 It fits in with the whole change in thinking that you have to have in order to realise that actually  
 190 you're not looking at a story you're looking at a person's, individual's story or their individual  
 191 experience which, when they tell it to you, that is a story it's a narrative.

192 He began to feel that this evidence was "valid but its valid in a different sort of way, but no less valid,  
 193 than the evidence of science."

194 Clinician

195 In a parallel way to the different approach Mike was taking to education, his clinical practice had also  
 196 developed. He felt that he had changed from seeing his interaction with the patient as based on  
 197 medical facts – which he had to either extract from them or convey to them – to viewing each  
 198 patient as an individual, whose context and beliefs he needed to explore and understand;

199 Listening to what they're saying and reflecting back on it and actually exploring it with them rather  
 200 than telling them 'these are the facts this is you've got to go away and think about' .....

201 I'm more prepared to listen to what people are saying and try and find out where they're coming  
 202 from, what background, what issues they're bringing to the situation which before I would have  
 203 probably not have listened, to such an extent.

204 He commented that his consultations had become longer, "I think probably the outpatient staff  
 205 aren't particularly happy because my clinics are taking longer." However, Mike felt that his new  
 206 approach would actually save time for him in the longer term as he was tailoring his approach to the  
 207 individual patient,

208 You think actually by um acting, you can see that this is wrong with them and therefore if I, if I can  
 209 jump straight to it I'm going to be quicker, but actually it takes you longer because you've not  
 210 understood the background that people are coming from and if you give them a chance to tell their  
 211 story to start with, then you can base what you're going to tell them in relation to the things that are  
 212 worrying them.

213 Mike was very clear that this approach was not simply a matter of being pleasant to his patients but  
 214 was intricately linked with the medical decisions he was making,

215 I think in order to get their diagnosis and management plans right you need to understand a bit  
 216 more about their background and where they're coming from because something that will work for  
 217 one person wont work for another and its talking and listening and trying to be more careful in my  
 218 interpretation of, the issues that they bring to each consultation or each session.

219 For Mike there was a very clear and unexpected link between the way he had developed as an  
 220 educator and as a clinician,

221 It cuts both ways it's not only about educating and teaching colleagues, its also about educating and  
 222 teaching patients as well, which is something I didn't think I'd take away from this.

223 Person

224 The programme had been a much more personal journey than Mike had expected, in his second  
225 assignment he wrote, “ I set out to conduct an interview...but I never thought that it would lead me  
226 to evaluate myself.” That journey had taken him in directions that he had not anticipated;

227 It was much more of a personal journey and when I’d finished and I read through it I was really quite  
228 surprised as to where I had finished up compared to where what I set out to go and do, um so I  
229 found it quite introspective in lots of ways.

230 He felt that the effect the programme was having on him was both significant and long-term,

231 It wasn’t a short term thing this is actually thinking about how I’m going to approach the rest of my  
232 career and actually what were some things that I think are really important and if I can try and help  
233 other people to understand that then that would be a much better thing than teaching them about  
234 the management of Colles fracture.

235 Intertwining the approaches

236 Although Mike had struggled at the beginning with the approach of the programme there was no  
237 evidence in his interview or assignments of a tension between the approach of the programme and  
238 the views he encountered in the workplace. He seemed to have assimilated the concepts within the  
239 programme and consequently developed in all aspects of his professional life. In addition his various  
240 professional roles now seemed to be more intertwined,

241 I think I see my role at work, the two are so closely tied that its actually very difficult to extract one  
242 from the other, and then I look at what I do in a daily basis, its constantly about um exploring ideas,  
243 and with a huge variety of people, it’s not just the sort of the technical skills and abilities that I have  
244 to do, its continually about exploring the educational roles around and that’s why I wanted to do the  
245 course to start with but its not, I’ve not finished where I thought I would, I’ve finished in a very  
246 different place.

247 What is this a case of?

248 Mike began the programme with an aim – to be able to set up a regular formal teaching session for  
249 junior doctors. He expected the programme to tell him how to do this. He was surprised at the  
250 approach taken by the programme and initially wondered if the course was right for him However,  
251 through viewing all aspects of his work in a new way, he changed his approach to learners, to  
252 patients and to himself. He said,

253 The assignment was a very personal journey but actually reading the philosophy of the course that’s  
254 the journey you’re trying to send us all down and I hadn’t really appreciated that and when I stopped  
255 and read it I thought ‘actually, yeh, that makes very good sense.’

256 It appeared to have been an unexpected, but successful journey.

## Charlotte – knowledge put in its place.

Charlotte is an SpR in anaesthetics whom I interviewed towards the end of her second module. She has worked part-time for some years, including as a Staff Grade, while having a family and so is relatively a little older and more experienced than most other doctors at her stage.

### 1 Background

2 Charlotte came to the programme for a mixture of practical and strategic reasons. She had an  
3 interest in education and “had always been involved in teaching and drawn to that side of practice.”  
4 She had already had a variety of experiences as an educator including teaching on various  
5 anaesthetics courses. She had more recently become an Educational Supervisor for F1’s and it was  
6 this position in particular that had made her feel the need to learn more about education and how  
7 to teach;

8 I just thought ‘I need to look at this a little bit more’ and, well not formalise it, I just wanted to have  
9 a little more instruction and direction in what I was doing because exam courses and APLS are very  
10 structured and but the Educational Supervisor was actually very open and I felt that actually it was  
11 something I was interested in and something that I wanted to develop.

12 So she came to the programme seeking immediate help in being a supervisor as well as wishing to  
13 develop her educational skills more broadly. In addition she was looking to the future and thinking  
14 that if she wanted to take on a more senior role in education she would need to have a qualification,  
15 “I wanted to have a bit more background and understanding, and the way medicine is you need  
16 certificates.”

17 Charlotte chose the programme partly because it was convenient, being local and part-time but also  
18 for its style and content. She had also considered the Dundee Course.

19 I was put off Dundee because I didn’t feel that you were terribly supported. It was quite a lot of work  
20 and it seemed to be a very point scoring kind of modular course without much support. I much  
21 preferred the idea of meeting regularly and having discussions and tutorials on a face to face basis.

### 22 Beliefs at the Beginning

23 Charlotte described her view of education and practice at the beginning of the programme as being  
24 very much based on knowledge and the need to pass tests; “exams to pass, hoops to jump, scientific  
25 background, did all the sciences at school. That’s been my experience really from school through  
26 university through anaesthetics.” She felt that she saw education as something which was  
27 transmitted, “you were taught and learnt something - you could take it away.” She viewed research  
28 as being “scientific, positivist, qualitative” with a “strong emphasis on evidence based practice and  
29 the concept of ‘pushing back the boundaries of knowledge.’” Her ideas of any alternative  
30 approaches to research were sceptical;

31 Qualitative evidence seemed initially very wishy-washy and very nebulous and highly subjective and I  
32 thought well how can my, just my ideas, be evidence? That can’t be right. They’ve got to be  
33 validated by hundreds of people and all the statistics and everything.

### 34 New Ideas

35 Charlotte found the ideas presented by the programme in the first few weeks novel, interesting and  
36 exciting. She found that they gave her a new way of looking at her practice, both educational and  
37 clinical. She felt that she was being encouraged to think in a new way.

38 It just felt like a very different way of looking at practice and I just felt quite excited because I was  
39 being made to think in a completely different way and I was viewing practice from a completely  
40 different angle, that I'd never really viewed it from and I felt excited because it really opened up a  
41 huge other side to medicine, education, practice.

42 However, she found the reading challenging and time-consuming particularly initially as it contained  
43 much new vocabulary and many new ideas, "a kind of book I'd never really read before, and ideas  
44 that I hadn't really thought about before. So it did take a long time to read the first few chapters of  
45 it."

46 New, but resonant

47 In her first assignment Charlotte described what for her had been a pivotal educational experience  
48 when her supervisor encouraged her to do a presentation involving reflection, which was at odds  
49 with the accepted practice in her specialty of presenting facts and qualitative evidence. This seemed  
50 to have left her with a desire to explore further such an approach to practice. She wrote,

51 I was introduced to the concept of reflective practice and this has had a permanent and important  
52 influence on my practice.....I felt empowered and motivated by being given the 'driving seat' and I  
53 felt ownership. This gave me great pride in my work and I enjoyed making decisions and having my  
54 opinion valued. The feedback I received from colleagues to whom I presented my work inspired my  
55 confidence in expressing my opinion and reassurance in my abilities.

56 The programme seemed to develop and extend Charlotte's view of practice as involving more than  
57 just facts – a view that had started with the event she described in her assignment. Several times  
58 during her interview she referred to the way in which ideas on the programme had 'struck a chord'  
59 or articulated something of which she had been only vaguely conscious,

60 I think this whole idea of kind of reflective practice and that it's there but we're not conscious of it, I  
61 think maybe that, cos you do things but you're not sure why you do things why or what it is. So I  
62 think that I was aware but I wasn't exactly aware of, I hadn't explored it more so I think that's what I  
63 mean, not being a conscious thing, so I'm aware that the thing's there but not quite, haven't  
64 explored it in any depth.

65 Struggle

66 Charlotte seemed to embrace the approach of the programme quickly and almost immediately find  
67 it applicable to her educational and clinical practice. When I interviewed her she felt that her main  
68 tensions were in bringing together the competing approaches of the programme and of mainstream  
69 medical practice. She was not trying to move completely from one approach to another but to  
70 amalgamate them. She felt that her view of knowledge had particularly changed, it was "much more  
71 in its place."

72 Some of her most difficult moments had been with the reading, particularly Pring, “ a week to read  
 73 chapter one” and this had even led her to question briefly what she was doing on the programme;

74 At first I thought ‘well what am I doing?’ and ... at the very beginning when I wasn’t quite sure what  
 75 the whole course was really about and then reading the book I did slightly kind of question ‘what am  
 76 I doing?’

77 Charlotte found writing the assignments, particularly the first one, challenging. She did not struggle  
 78 with the process of writing but wrote many drafts and put a great deal and time and thought into  
 79 working out what she wanted to say.

80 Charlotte also struggled initially with the very different view of research and evidence that was  
 81 presented on the programme;

82 I think that was quite hard, what is the evidence I mean obviously scientific background, has to be  
 83 proven ‘the truth’ and ‘this is proven quantitative evidence’ but qualitative evidence seemed initially  
 84 very wishy washy and very nebulous and highly subjective.

85 Change

86 Charlotte said that the programme had influenced her view of every aspect of her work, “ I was  
 87 viewing practice from a completely different angle...it really opened up a huge other side to  
 88 medicine, education, practice.”

89 Professional practice

90 Charlotte described several aspects of the way in which her view of professional practice had been  
 91 changed by the first two modules of the programme. She started to see her practice as something  
 92 that was affected by aspects of herself, her past, her beliefs and her values. In her first assignment  
 93 she wrote; “I must unravel my personal beliefs values and theories that I bring to my practice and  
 94 take time to consider the traditions which form the framework in which I practice.” She began to see  
 95 practice in a wider context, involving not just medical decisions and knowledge but encompassing  
 96 herself, interactions with others and with traditions and structures. She felt that this new view of  
 97 practice had been helpful and had enabled her to feel more comfortable in her professional role;

98 By understanding it more, I feel I understand more, the bigger picture of professional practice and  
 99 where I fit in, my professional practice and just looking at it more holistically, I think it’s made it  
 100 more comfortable.

101 Charlotte had also begun to view professional practice as complex, involving judgement. In her  
 102 assignment she described watching a piece of practice and appreciating the complexity and  
 103 judgement within it, something she would not have been aware of before;

104 It was a judgement, a professional judgement on his behalf. So I would’ve, I think there’s seeing  
 105 practice and the importance of professional judgement - I can now see the whole, understand it  
 106 more, just what he was doing at that time.

107 In her second assignment Charlotte discussed the way in which her view of professional practice had  
108 developed and deepened; "I have a much deeper understanding and insight into the complexities of  
109 my practice, in particular the tacit nature of professional judgement."

#### 110 Educator

111 Charlotte described the profound effect the programme so far had had on her as an educator;  
112 "There was a huge kind of change in my view of education." In her first assignment Charlotte  
113 discussed how her new view of education regarded the individual, with their beliefs and values as  
114 central to the educational experience; "I believe this requires asking the question 'who am I?' This is  
115 a deeply philosophical question." In her interview she described her new view of education as, " this  
116 personal kind of change in a person....what education really was."

117 She particularly felt that she had altered her view of the learner, and had moved from viewing  
118 learners as essentially all similar to thinking of them as individuals, with different backgrounds and  
119 different needs. Of course, she had realised previously that everyone was not the same, but had not  
120 fully considered the effect that individual differences would have on learning and education; "I think  
121 was aware that people were different and had different ideas, but just quite how ingrained that is in  
122 terms of your values and how you would act and how that would affect you." She also said, in  
123 relation to these ideas "I don't think it was conscious before."

124 Charlotte had also changed her view of teaching and altered the way she taught. She said when she  
125 now approached a teaching situation, rather than seeing it terms of knowledge to be passed on, she  
126 asked herself; "Why are we doing this? What's the importance of it and how does it fit into your  
127 practice?"

128 Charlotte's view of the purpose of her teaching and of professional training and education also  
129 changed. In her second assignment she wrote; "Surely this is the aim of training – to equip the  
130 trainee with principles and understanding of his professional judgements in order to handle difficult  
131 challenges in the future."

#### 132 Clinician

133 Charlotte did not say that the programme had changed her as a clinician, in terms of what she did,  
134 but she felt that her view of her clinical work had altered. She began to see the environment in  
135 which she practised as characterised by positivism. In her second assignment she described an  
136 incident of which she said; "This incident occurred in an environment heavily embedded in the  
137 scientific paradigm."

138 She described the change in her view as an 'opening up', seeing her clinical work in a broader  
139 perspective;

140 As a doctor I just, its really opened my eyes to the bigger picture and um just all the different aspects  
141 of practice, all the types of knowledge, and what actually makes practice so, looking really much  
142 more into what is professional practice and I think that's been hugely beneficial, just to develop me  
143 individually.

144



145 Research

146 The programme had challenged Charlotte's view of research and evidence and when we spoke she  
147 felt that she was still learning about and considering some of the new ideas in this area. She had  
148 been surprised at the notion that evidence could be "from me within and it can be subjective, it  
149 doesn't have to be this quantitative proven truth" but felt that she had accepted that for some  
150 situations qualitative evidence, even from an individual, could be meaningful. She said "the whole  
151 process of enquiry is looking at my practice and therefore the evidence is my experience, my feelings  
152 or thoughts, so I can understand that and the idea that this is subjective and that this is a viewpoint,  
153 I can understand that." She described her new view of educational research as,

154 I think it's kind of looking at practice in, through reflection on practice and what actually is the  
155 practice, and then how, looking at the different ways of research within practice and how you've got  
156 to look, for me it seems you've got to look within me, myself, and at my practice.

157 Charlotte found that she had started to regard quantitative evidence differently too, thinking that  
158 context and subjectivity were also important there,

159 I guess that it makes me question it more and they're presenting their findings that have come from  
160 their context, their ideas, their beliefs, their feelings of what's important, and I think that it's made  
161 it.. They're trying to present this objective evidence but I still think that it's quite subjective.

162 Person

163 Charlotte had been surprised at the way the programme focused on her, as an individual and as a  
164 practitioner. "I think that's what surprised me about the course, that it's all about me and about my  
165 practice and so kind of looking at my practice - why am doing it?" The programme had altered her  
166 view of herself as a person in relation to her practice and made her feel that her personal  
167 characteristics were central to her practice. At the end of her first assignment she wrote, "I must  
168 unravel my personal beliefs values and theories that I bring to my practice and take time to consider  
169 the traditions which form the framework in which I practice." It had also developed her, she felt, as a  
170 person. She wrote, "Although the meaning is highly personal and contextualised it is educational  
171 because it has brought meaning to me, I have found it worthwhile and I have grown as a person".

172 This aspect seemed to have made her value more the contribution that she as an individual could  
173 make. She had been, "processed along and doing, fulfilling a role within this bigger picture without  
174 really looking at my influence on this role." She said that "the idea that I bring something more to  
175 that was new to me." This had "made it more comfortable really. By understanding it more, I feel I  
176 understand more, the bigger picture of professional practice and where I fit in, my professional  
177 practice and just looking at it more holistically, I think it's made it more comfortable."

178 Intertwining the approaches

179 When we spoke Charlotte felt that she was to some extent bringing together two approaches to her  
180 professional life – that of the programme and the prevailing view within medicine which had largely  
181 informed her previous education, "where do these, what are the relative, how do they lie relative to  
182 one another." She felt strongly that the world of medicine and of medical education remained  
183 positivist and wrote; "I believe that the medical profession on the whole subscribes to the positivistic

184 paradigm." She felt that her previous view of practice and of education as relying largely on  
185 knowledge had changed and that view had been "put a bit more in perspective." She was still  
186 working out how to balance these two approaches and commented that her concerns were in how  
187 to fit it all together and how to balance the competing views; "I think the tensions probably lie in  
188 how does it all fit together really." Although the world now seemed less certain, she felt positive  
189 about her new view,

190 I guess sometimes it might put more uncertainty into situations maybe and might make me, maybe,  
191 more uncertainty about it, more reassurance in some ways - that everything can't be explained.  
192 Because there is this feeling before, that knowledge is everything, and everything must be explained,  
193 but actually its quite reassuring to feel that actually, no everything can't be explained, so I guess  
194 that's not in a complacent way but in a kind of open way.

195 And felt that she was now able to think about and discuss these concepts,

196 Some of these things I've been thinking about now I had thought about in the past but I suppose I  
197 haven't really had a means to kind of articulate them or how do they fit in....its been helpful to kind  
198 of put it in this, to give me a framework really, in order that I can think about it more.

199 Charlotte still felt that there was a lot to learn and specifically picked out case study and  
200 methodology as areas she wanted to continue to explore.

201 What is this a case of?

202 Charlotte comes from a very technically orientated specialty and felt that prior to coming on the  
203 programme knowledge had been the central aspect of her practice, her learning and her teaching.  
204 The programme had changed this view and made her regard her clinical and educational practice in  
205 a broader context, affected by tradition, beliefs and values. Overall, as she said; "knowledge and  
206 everything has been put up on a pedestal...its been put in its place."